FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name  EBERWEIN PARKS PARTNERSHIP, LLLP					02	02 JAN 14 AM 9: 14  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
					SE! TALI			
Principal Place of Business  123 WEST KING STREET  ORLANDO FL 32804  Mailing Address  123 WEST KING STREET  ORLANDO FL 32804  ORLANDO FL 32804						1818 18181 18111 BB111 BB111 BB111 BB		
2. Principal Place of Business .3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>			DUE BY MAY 1, 2002		
City & State City & State					4. FEI Number	59-3500833	Applied For Not Applicable	
Zip Country		Zip	Cour	ntry	5. Certificate of	f Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent		T	7. Name and	Address of New Registere		
		: -		Name				
EBERWEIN, WALLACE P 123 WEST KING STREET				Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32804				City	ity FL Zip Code			
8. The above	named entity submits this statemen	nt for the purpose of changir	ng its register	ed office or re	egistered agent, or both	, in the State of Florida.		
SIGNATURE								
9. Capital Co	Signature, typed or printed name of registered a	1	Capital Contri	hutions		11. MAKE CHECK PAYA		
as Shown		in FLORIDA		\$ 770,	000		FOR FEE INFORMATION	
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS		UST BE ŔI	EGISTERED AND A			
12.		NER INFORMATION	13.	i, an amen	differit must be met	ADDRESS CHANGES C		
DOCUMENT # NAME	EBERWEIN, VIRGINIA D TRUSTEE			EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT <b>#</b> NAME	FOLCARELLI, ELIZABETH E 2960 N. TROPICAL TRAIL MERRITT ISLAND FL 32952			ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	60	6000047892165 -01/22/0201103015		
DOCUMENT # NAME	EBERWEIN, WALLACE P		STRE	ET ADDRESS		****526.25	****526, 25	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZiP		Markers .		
DOCUMENT # NAME	WYATT, ROSEMARY E		STRE	ET ADDRESS	P.O. BOX 878	476		
STREET ADDRESS CITY-ST-ZIP	S 2403 KATHI-KIM STREET COCOA FL 32926			-ST-ZIP L	wasi'lla, AK 99687			
DOCUMENT # NAME			STRE	ET ADDRESS	·			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME /			STRÉ	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
indicated	certify that the information supplied on this report is true and accurate a er or trustee empowered to execute	and that my signature shall h	lave the same	legal effect	as if made under oath: t	Florida Statutes, i further o hat I am a General Partner	ertify that the information of the limited partnership or	

SIGNATURE: Wallace The DE REQUITATE The NE

1/9/02 Date 321-432-4754

Daytime Phone #