2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A98000002378 DOCUMENT

Signature, typed or printed name of registered agent and title if applicable

1. Entity Name

Principal Place of Business 2325 ROCKLEDGE DRIVE

2. Principal Place of Business

ROCKLEDGE FL 32955

Suite, Apt. #, etc.

BEYEL, MARK J

9. Capital Contributions

12.

NAME STREET ADDRESS

NAME STREET ADDRESS

DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP DOCUMENT #

NAME STREET ADDRESS

NAME STREET ADDRESS

NAME

as Shown on record.

2325 ROCKLEDGE DRIVE **ROCKLEDGE FL 32955**

the obligations of registered agent.

P98000083801

P.O. BOX 506

COCOA FL 32923

BEYEL FAMILY GP, INC.

City & State

Zip

BEYEL FAMILY PARTNERSHIP, LTD. LLLP



8. The above named entity submits this statement for the purpose of changing its registered office or registered

CITY-ST-ZIP

STREET ADDRESS

	•			VI TES		SECRETARY OR STATE					
PRIVE P.O. BÖX 50		Mailing Address P.O. BOX 506]	AUEATHA	J. L	•		
55		COCOA FL 32923									
of Business 3. Mailing Address											
C.	*** - ·	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003					
		City & State		• ;		4. FEI Number 59-3535522			-	Applied For Not Applicable	
	Country	Zip	Coun	itry		5. Certificate of			Fee Re	5 Additional equired	
. Nam	e and Address of Current	Registered Agent				~7. Name and A	ddress of New F	łegister e	d Agent		
				Name						,	
J DGE [PRIVE		Street Ad	reet Address (P.O. Box Number is Not Acceptable)							
FL 32955										`	
				City				F	EL Zip	o Code	
ure, type	tered agent.	1					44 MANUE CHEC	DATE		DEDT OF STATE	
utions \$8,000,000.00 10. Amount of Capital C in FLORIDA to date				SEE REVERSE SIDE FOR FEE INFORMATION							
A NOTE	GENERAL PARTNER : General Partners M.	THAT IS A BUSINESS EN AY NOT be changed on t	NTITY M he form	UST BE F i; an ame:	REGIST	FERED AND AC It must be filed	TIVE WITH TH to change a g	:IS OFFI: eneral p	CE. partner.		
	GENERAL PARTNE		13.				ADDRESS CH				
000083801 /EL FAMILY GP, INC. . BOX 506 COA FL 32923			STRE	STREET ADDRESS							
			CITY	CITY-ST-ZIP							
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APPROVEL

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SECRETARY OF STATE

STREET ADDRESS City-St-Zip		CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this upport as required by Chapter 620 Florida Statutes									

SIGNATURE: _

2-21-03 321-632-2000