2001 UNIFORM BUSINESS REPORT (UBR)

001496 AF

DOCUMENT # A98000002707

1. Entity Name

TOLSON-BYRNS PARTNERSHIP, LTD.

FILED

01 APR 16 AM 9:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2301 PARK AVENUE, SUITE 406 ORANGE PARK FL 32073	2301 PARK AVENUE, SUITE 406 ORANGE PARK FL 32073

2. Principal Place of Business	3. Mailing Address
462 KINGSLEY AVE SUITE 101	462 KINGSLEY AVE SUITE 101
Suite, Apt. #, etc.: ORANGE PARK, FLA	Suite, Apt. #, etc.: ORANGE PARK, FLA
City & State	City & State: 32073
Zip: 32073 — Country:	Zip: — Country:

4. FEI Number: 59-3545532 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOLSON, JOHN F JR ESQ 462 KINGSLEY AVE SUITE 101 ORANGE PARK FL 32073	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL — Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. $ 396,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000100219	STREET ADDRESS	
NAME	BYRNS-TOLSON ENTERPRISES, INC.		
STREET ADDRESS	2301 PARK AVENUE, SUITE 406	CITY-ST-ZIP	
CITY-ST-ZIP	ORANGE PARK FL 32073		
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CR2E003 (11/00)

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 oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] Pres. BYRNS-TOLSON ENT INC GENERAL PARTNER 4/7/01 904 269 0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #