2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005735 AT

DOCUMENT # A98000002707

1. Entity Name
TOLSON-BYRNS PARTNERSHIP, LTD.

FILED
2003 APR 17 AM 11:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
462 KINGSLEY AVE., STE. 101 ORANGE PARK FL 32073	462 KINGSLEY AVE., STE. 101 ORANGE PARK FL 32073

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

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

TOLSON, JOHN F JR ESQ
462 KINGSLEY AVE
SUITE 101
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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04/17/03--01074--005 **526.25

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

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

10. Amount of Capital Contributions in FLORIDA to date. 1,000,000

11. MAKE CHECK PAYABLE TO FL. 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	462 Kingsley Ave Suite 101
NAME	BYRNS-TOLSON ENTERPRISES, INC.		
STREET ADDRESS	2301 PARK AVENUE, SUITE 406	CITY-ST-ZIP	Orange Park FL 32073
CITY-ST-ZIP	ORANGE PARK FL 32073		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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NAME			
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CITY-ST-ZIP			

CR2E003 (10/02)

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 CGLNERATION JOHN F. TOLSON JR 3/11/03 904 269 0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #