2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000239

1. Entity Name

THE REID FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business	Mailing Address
~~5801 NW 21ST WAY~~	~~5801 NW 21ST WAY~~
~~BOCA RATON FL 33496~~	~~BOCA RATON FL 33496-3457~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4375 Sanctuary Lane	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State
Zip: 33431 Country	Zip Country

4. FEI Number: 65-0894925 ☐ 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
REID, CHARLES P 4375 SANCTUARY LANE BOCA RATON FL 33431	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,156,000.00		

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 #	P99000005411	STREET ADDRESS	4375 Sanctuary Lane
NAME	REID FAMILY CORP.	CITY-ST-ZIP	Boca Raton, FL 33431
STREET ADDRESS	~~5801 NW 21ST WAY~~		
CITY-ST-ZIP	~~BOCA RATON FL 33496~~		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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 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 REQUIRED 4/30/00 954-977-4214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E080 (1/99)