

2002 UNIFORM BUSINESS REPORT (UBR)

01/2002 A1

DOCUMENT # A99000000706

1. Entity Name
5C LIMITED PARTNERSHIP OF CENTRAL FLORIDA

FILED
02 MAR 22 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 571 WEST KINGS HIGHWAY CENTER HILL FL 33514	Mailing Address P.O. BOX 399 CENTER HILL FL 33514
---	---



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

DUE BY MAY 1, 2002

4. FEI Number 41-1749149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHEAR, L. DAVID
401 E. JACKSON STREET, SUITE 2700
TAMPA FL 33602**

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.

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

9. Capital Contributions as Shown on record. \$10.00	10. Amount of Capital Contributions in FLORIDA to date.	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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CHERNIN, MARSHALL	707 SEAGATE DRIVE	TAMPA FL 33602

13. ADDRESS CHANGES ONLY

STREET ADDRESS	18078 Villa Creek Dr
CITY-ST-ZIP	Tampa, FL 33647
STREET ADDRESS	
CITY-ST-ZIP	800005177268--1 -03/29/02--01060--003
STREET ADDRESS	****141.25 ****141.25

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: Marshall Chernin **3-20-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF2E003 (9/01)

STATE CHECK HERE