

2002 UNIFORM BUSINESS REPORT (UBR)

0006991 AT

DOCUMENT # A99000002239
 1. Entity Name
THE CHEROKEE RANCH OF N.F. LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

WLS/15

Principal Place of Business Mailing Address
3027 ANDOVER ROAD 3027 ANDOVER ROAD
PENSACOLA FL 32504 PENSACOLA FL 32504

02 MAY -2 AM 8:45



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

DUE BY MAY 1, 2002
 4. FEI Number **59-3616428**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

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. **\$3,597,239.25**
 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 #	GP9900001460
NAME	CHEROKEE RANCH PARTNERSHIP
STREET ADDRESS	3027 ANDOVER ROAD
CITY-ST-ZIP	PENSACOLA FL 32504
DOCUMENT #	
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13. ADDRESS CHANGES ONLY	
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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: Alberta L. Shumpert (Alberta L. Shumpert) 4-29-02 850 477-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # 8979

CR2E003 (9/01)