<b>2002 UNIFORM BUSINESS</b>	REPORT	(UBR
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SINFLE UNEUN LENE

DOCUMENT # A96000001274  1. Entity Name							2400 A		
DRISCOLL FAMILY LIMITED PARTNERSHIP						FILED		=	
Principal Place of Business Mailing Address					_	2002 FEB 25 AM I	0: 58		
6170 MULLIN STREET JUPITER FL 33458  Maining Address  6170 MULLIN STREET JUPITER FL 33458					DIVIJION OF CORPORTALLAHASSEE, FL	RATIONS _ORIDA			
					· ·				
Principal Place of Business     Mailing Address				1 (10/0)	1818 18116 8(4)( 88)() 88(() 88(() 88(()		· ««1		
Suite, Apt.	·		Suite, Apt. #, etc.				DUE BY MAY 1, 20	<u> </u>	
City & Stat	ie		City & State		4. FEI Numbei	65-0677893	Applied For Not Applicable	<u> </u>	
Zip		Country	Zip	Country		5. Certificate of		\$8.75 Additional Fee Required	
	- 6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name			gent	}
DRISCOLL, THOMAS V				Street Address (P.O. Box Number is Not Acceptable)					
6170 MULLIN STREET Jupiter FL 33458							1		
·			City FL Zip Code						
8. The above	named entit	y submits this statement for	r the purpose of changing	its registere	ed office or regist	ered agent, or both	n, in the State of Florida.		
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable.				DATE		
9. Capital Co as Shown		\$40,000.00	10. Amount of Cap in FLORIDA to		butions 40.0		11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO		7. (*)
					IUST BE REGIS	STERED AND A	CTIVE WITH THIS OFFICI I to change a general par		
12	107500	GENERAL PARTNER	INFORMATION	13.			ADDRESS CHANGES ONL	Y	<b>∃</b> ⊆
NAME	DRISCOLL CONSTRUCTION, INC.		STRE	EET ADDRESS				CR2E003 (9/01)	
STREET ADDRESS CITY-ST-ZIP	JUPITER			CITY	-ST-ZIP				72E0C
DOCUMENT # NAME		,		STRE	EET ADDRESS		00005027: -03/01/0201 ****377.50	5 <b>106</b> 006016	]5
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14. I hereby o	certify that the	e information supplied with	this filing does not qualify			Section 119.07(3)(i)	, Florida Statutes. I further cert	ify that the information	4
indicated the receiv	on this repor er or trustee	t is true and accurate and tempowered to execute this	that my signature shall have s report as required by Cha	re the same apter 620, I	e legal effect as if Florida Statutes	made under oath;	Florida Statutes. I further cert that I am a General Partner of	the limited partnership o	r
SIGNAT		B- THOMA	s yr. Drisca		RESIDEU	<del>)</del>		57 <i>5-</i> 6748	İ
J. 31171	J.IL		PRINTED NAME OF SIGNING GENE		ER		Date De	ytime Phone #	