2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000307 AT

DOCUMENT # A99000001594

1. Entity Name
ADAMS & COCHRAN PROPERTIES, LTD.

FILED
03 FEB -5 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6818 NORTH MAIN STREET
JACKSONVILLE FL 32218

Mailing Address
6818 NORTH MAIN STREET
JACKSONVILLE FL 32218

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 59-3603801 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, WAYNE
6818 NORTH MAIN STREET
JACKSONVILLE FL 32208

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.

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

9. Capital Contributions as Shown on record. $58,800.00

10. Amount of Capital Contributions in FLORIDA to date. 0

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 #	337125	STREET ADDRESS	
NAME	FLORIDA MAINTENANCE COMPANY		
STREET ADDRESS	6818 NORTH MAIN STREET	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL 32208		
DOCUMENT #		STREET ADDRESS	400011878284 02/05/03--01034--005 **150.00
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DOCUMENT #		STREET ADDRESS	
NAME		M THOMAS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (10/02)

STAPLE CHECK HERE

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] F.H. (W.) Adams — 1-16-03 — 904-765-4233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #