

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006463 AT

DOCUMENT # A01000000308

1. Entity Name
FARMERS REALTY LIMITED PARTNERSHIP



FILED

03 JUN 24 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
% HENDERSON KEASLER LAW FIRM
4309 PABLO OAKS COURT, SUITE 5
JACKSONVILLE FL 32224

Mailing Address
% HENDERSON KEASLER LAW FIRM
4309 PABLO OAKS COURT, SUITE 5
JACKSONVILLE FL 32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-1023858

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KEASLER, FRANK R JR
4309 PABLO OAKS COURT, SUITE 5
JACKSONVILLE FL 32224

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

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

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # N/A
NAME ST. AUGUSTINE LAND TRUST
STREET ADDRESS 4309 PABLO OAKS COURT, SUITE 5
CITY-ST-ZIP JACKSONVILLE FL 32224

STREET ADDRESS

CITY-ST-ZIP

600017837566

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

05/01/03--01062--019 **446.25

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600017837566
06/24/03--01057--002 **88.75

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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:

Frank R. Keasler, Jr.

Frank R. Keasler, Jr.
as Trustee

4/28/03

904-992-6949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE