2001 UNIFORM BUSINESS REPORT (UBR)

001961 AF

DOCUMENT # A00000000274

1. Entity Name

ALTBUCH FAMILY PARTNERSHIP, LTD.

FILED
01 JUL 16 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3316 CHARLESTON ROAD TALLAHASSEE FL 32308	3316 CHARLESTON ROAD TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4557 Autumn Woods Way	4557 Autumn Woods Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32303 Country: LEON	Zip: 32303 Country: LEON

4. FEI Number: 59-3623540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALTBUCH, ARTHUR M
3316 CHARLESTON ROAD
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name: ALTBUCH, ARTHUR M.
Street Address (P.O. Box Number is Not Acceptable): 4557 Autumn woods way
City: TALLAHASSEE FL Zip Code: 32303

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,110,445.00	2110 445.00	

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 #		STREET ADDRESS	4557 Autumn Woods Way
NAME	ALTBUCH, ARTHUR M	CITY-ST-ZIP	TALLAHASSEE FL 32303
STREET ADDRESS	3316 CHARLESTON ROAD		
CITY-ST-ZIP	TALLAHASSEE FL 32308		
DOCUMENT #		STREET ADDRESS	4557 Autumn Woods Way
NAME	ALTBUCH, SUSAN R	CITY-ST-ZIP	Tallahassee FL 32303
STREET ADDRESS	3316 CHARLESTON ROAD		
CITY-ST-ZIP	TALLAHASSEE FL 32308		
DOCUMENT #		STREET ADDRESS	600004487966--0
NAME		CITY-ST-ZIP	-07/20/01--01083--001
STREET ADDRESS			****437.50 ****437.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600004487966--0
STREET ADDRESS			-07/20/01--01083--002
CITY-ST-ZIP			*****88.75 *****88.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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] 4/26/01 850 894-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #