Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

2002 UNIFORM BUSINESS REPORT (UBR) A00000000369 DOCUMENT # 1. Entity Name THE WATERSTON FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 815 PEMBROKE COURT 815 PEMBROKE COURT VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

DUE BY MAY 1, 2002

59-3632960

7. Name and Address of New Registered Agent

4. FÉI Number

Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						
		10. Amount of Capital (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.	2. GENERAL PARTNER INFORMATION			13.	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	P000000209 WATERSTO	176 N HOLDINGS, INC.		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	815 PEMBROKE COURT VERO BEACH FL 32963			CITY-ST-ZIP		
DOCUMENT # NAME				STREET AODRESS	6000051953465	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	600051953465 -04/05/0201045018 ****526.25 ****526.25	
DOCUMENT # NAME				-STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP		
DOCUMENT / NAME				STREET ADDRESS		
STREET ADDRESS				CITY-ST-ZIP .		
DOCUMENT / 2 NAME				STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY+ST-ZIP		
DOCUMENT # NAME				STREET ADDRESS		

City

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.

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-Z!P

SIACLE UMEUN MENE

FENNELL, TODD W

979 BEACHLAND BLVD. VERO BEACH FL 32963

Palcel, Pres. Waters fon Holdings 3-24-02