

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007392 - AT

**DOCUMENT # A00000000461**

1. Entity Name  
**INNOVATION PARTNERS, LTD.**

FILED

02 JAN 25 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**14706 MAIN STREET  
ALACHUA FL 32615**

Mailing Address  
**P.O. BOX 1990  
ALACHUA FL 32616**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

4. FEI Number **59-3631370**

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

**DARRYL J. TOMPKINS, P.A.  
14706 MAIN STREET  
ALACHUA FL 32615**

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.

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

9. Capital Contributions as Shown on record. **\$125,000.00**

10. Amount of Capital Contributions 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. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P00000023115</b>
NAME	<b>ALACHUA INNOVATION, INC.</b>
STREET ADDRESS	<b>14706 MAIN STREET</b>
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>388884850259-6</b>
CITY-ST-ZIP	<b>-01/31/02--01034--010</b>
	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: **1/22/2002** **386462 404**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)