

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000000475

1. Entity Name

LECHNER FAMILY LIMITED PARTNERSHIP, LTD.

FILED

01 APR 16 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1810 SEVILLA BLVD., CONDO 104
ATLANTIC BEACH FL 32223

Mailing Address
1810 SEVILLA BLVD., CONDO 104
ATLANTIC BEACH FL 32223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3633188

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

HOLBROOK, H. LEON
ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE FL 32202

Name STEPHEN L. PHILLIPS

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

3500 SOUTH THIRD STREET

City JACKSONVILLE BEACH FL

Zip Code 32250

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 *Stephen L. Phillips*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/01

9. Capital Contributions as Shown on record.

\$4,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

4,000,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L00000002930
NAME LECHNER FAMILY, LLC
STREET ADDRESS 1810 SEVILLA BLVD., CONDO 104
CITY-ST-ZIP ATLANTIC BEACH FL 32223

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

Robert L. Lechner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/2001

Date

249
904-249-0300

Daytime Phone #

CR2E003 (11/00)