

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011724 AT

**DOCUMENT # A0000000512**  
 1. Entity Name  
**WHITLEY FAMILY LIMITED PARTNERSHIP**

FILED

02 FEB 14 PM 2:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**2000 PGA BLVD., SUITE 2204** **2000 PGA BLVD., SUITE 2204**  
**NORTH PALM BEACH FL 33408** **NORTH PALM BEACH FL 33408**



**65-1004643**

**DUE BY MAY 1, 2002**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **APPLIED FOR** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WHITLEY, ROBERT B**  
**2000 PGA BLVD., SUITE 2204**  
**NORTH PALM BEACH FL 33408**

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. **\$2,000,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date. **\$860,000**  
 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	
DOCUMENT #	<b>P00000029935</b>
NAME	<b>WHITLEY FAMILY FARM, INC.</b>
STREET ADDRESS	<b>2000 PGA BLVD., SUITE 2204</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>400004991294--8</b>
STREET ADDRESS	<b>-02/22/02--01060--014</b>
CITY-ST-ZIP	<b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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: **Robert B Whitley, Registered General Partner** Date: **1/23/02** Daytime Phone #: **561.694.0055**

CR2E003 (9/01)