

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001782 AT

DOCUMENT # A0000000512



1. Entity Name
WHITLEY FAMILY LIMITED PARTNERSHIP

FILED

03 MAR 11 AM 11:56

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

Mailing Address
2000 PGA BLVD., SUITE 2204
NORTH PALM BEACH FL 33408



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-1004643**

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

WHITLEY, ROBERT B
2000 PGA BLVD., SUITE 2204
NORTH PALM BEACH FL 33408

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. I am familiar with, and accept the obligations of registered agent.

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.

**11. MAKE CHECK PAYABLE TO FL. 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 # **P00000029935**
NAME **WHITLEY FAMILY FARM, INC.**
STREET ADDRESS **2000 PGA BLVD., SUITE 2204**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

400012701784
02/10/03 - 01050 022 ***137.50
400012701784
03/11/03--01063--003 ***88.75

DOCUMENT #
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CITY-ST-ZIP

M THOMAS

DOCUMENT #
NAME
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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/14/03
Date

561.694.0055
Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)