

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006185 AT

Wly/10

DOCUMENT # A00000000528

1. Entity Name
NORTH FOURTH STREET FAMILY PARTNERSHIP, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -4 PM 4:24

Principal Place of Business
1548 LANCASTER TERRACE
JACKSONVILLE FL 32204

Mailing Address
PO BOX 40749
JACKSONVILLE FL 32203



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 59-3633819

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

CONNER, LEON
9161 MUD LAKE ROAD
MACCLENNY FL 32063

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

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

DATE

9. Capital Contributions as Shown on record. \$12,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$6,131,000

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 #
NAME WALKER, GLADYS D TRUSTEE
STREET ADDRESS 148 NORTH FOURTH ST.
CITY-ST-ZIP MACCLENNY FL 32063

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME CONNER, LEON
STREET ADDRESS 9161 MUD LAKE ROAD
CITY-ST-ZIP MACCLENNY FL 32063

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME COMBS, LINDA S
STREET ADDRESS 9161 MUD LAKE ROAD
CITY-ST-ZIP MACCLENNY FL 32063

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME CONNER, FRED P
STREET ADDRESS 9161 MUD LAKE ROAD
CITY-ST-ZIP MACCLENNY FL 32063

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-23-03 904-259-0620

Date

Daytime Phone #

CR2E003 (10/02)