2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0000000634

1. Entity Name
ROBERT AND ROBEANA CHAFFIOT FAMILY PARTNERSHIP,
LTD.



Principal Place of Business 1802 S. FISKE BLVD.. STE. 101 ROCKLEDGE FL 32955

2. Principal Place of Business

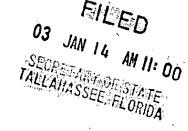
Suite, Apt. #, etc.

SIGNATURE:

Mailing Address 1802 S. FISKE BLVD., STE. 101 ROCKLEDGE FL 32955

3. Mailing Address

Suite, Apt. #, etc.





| City & State | | | 00.00, 1 (0.00) | | | DUE BY MAY 1, 2003 | | | |
|--|--|---|---|---|---------------------------------------|---|----------------------------------|----------------|------------------------------|
| | | | City & State | | | 4. FEI Number 59-3702166 | | | Applied For |
| Zip | Countr | , | 7: | 0: 1 | | *** | | | Not Applicat |
| Σιρ | | | Zip | Country | | 5. Certificate of Status Desired | ا ب | Fee Req | Additional uired |
| | 6. Name and Add | ress of Current Reg | istered Agent | | | 7. Name and Address of New F | Registered A | gent | |
| CHAFFIOT | T, ROBEANA G | | | Name | | 😄 🔻 😅 🗸 | | | |
| 8 RIVER E | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | GE FL 32955 | | | | <u> </u> | | · | | |
| | GE 1 E 02000 | | | | | • | | | |
| | | | | City | | | FL | Zip (| ode |
| The above | named entity submits | his statement for the | purpose of changing its | registered office o | r registere | d agent, or both, in the State of Flo | | | 4h |
| GNATURE - Capital Cor as Shown o | Signature, typed or printed name | ne of registered agent and tit | 10. Amount of Capita in FLORIDA to da | al Contributions | mo. | 11. MAKE CHEC SEE REVERS | | | |
| | A GENERA NOTE: Genera | L PARTNER THA | T IS A BUSINESS ENT OT be changed on th | TITY MUST BE | REGISTE | RED AND ACTIVE WITH THI must be filed to change a ge | S OFFICE | | |
| | | ERAL PARTNER INF | | 13. | | ADDRESS CHA | | | |
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| | CHAFFIOT, ROBER 8 RIVER EDGE DRIV | | | OTHEE PADDRESS | | | | | |
| | ROCKLEDGE FL 32 | | | CITY-ST-ZIP | | | | | |
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| ie į | | | | STREET ADDRESS | | | | | |
| EET ADDRESS | | | | CITY-ST-ZIP | T. V. | | | | - |
| '- S7- ZIP | | | | | | | | | |
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| E | | • | | STREET ADDRESS | | | | | |
| EET ADDRESS '-ST-ZIP | | | • | CITY-ST-ZIP | | | | - | |
| I hereby ce indicated o | ertify that the information on this report is true and or or trustee empowered | n supplied with this to accurate and that references | iling does not qualify for the my signature shall have the ort as required by Chapter | he exemption stat e same legal effec r 620, Florida Stati | ed in Section of as if mad utes | on 119.07(3)(i), Florida Statutes. I e under oath; that I am a General | further certifi Partner of th | y that the | information partnership o |

UIROBERT R. CHAFFIST