

FILED

2003 JUN 13 PM 3:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A0000000671

1. Entity Name
WETHERELL FAMILY PARTNERSHIP, LTD.



Principal Place of Business
HIGHWAY 27
OAK HILL PLANTATION
LAMONT, FL 32336

Mailing Address
P.O. BOX 37
LAMONT, FL 32336

100017822741
06/16/03--01043--006 **376.25



2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2592840**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WETHERELL, THOMAS K
HIGHWAY 27
OAK HILL PLANTATION
LAMONT, FL 32336**

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

SIGNATURE _____ DATE _____
Signer, typed in printed name of registered agent and his / her title.

9. Capital Contributions as Shown on record. **\$3,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.


**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	STREET ADDRESS	
	WETHERELL, THOMAS K TRUSTEE		
	HIGHWAY 27, OAK HILL PLANTATION	CITY - ST - ZIP	
	LAMONT, FL 32336		
DOCUMENT #	NAME	STREET ADDRESS	
	WETHERELL, VIRGINIA B TRUSTEE		
	HIGHWAY 27, OAK HILL PLANTATION	CITY - ST - ZIP	
	LAMONT, FL 32336		
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		CITY - ST - ZIP	

100017822741
05/01/03--01048--015 **150.00

STAPLE CHECK HERE

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: 

4-24-03 **8509976537**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Corporate Phone #

CR2E003 (10/02)