

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0015011 AT

DOCUMENT # **A00000000703**

1. Entity Name

**CESSNA FAMILY PARTNERSHIP LTD.**

02 APR -3 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>5551 RIDGEWOOD DR., STE 501 NAPLES FL 34108</b>	Mailing Address <b>5551 RIDGEWOOD DR., STE 501 NAPLES FL 34108</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-3658804**      Applied For  
Not Applicable

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

**BRADLEY, TODD L  
5551 RIDGEWOOD DR, STE 501  
NAPLES FL 34108**

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 **\$5,813,325.00**      10. AMOUNT of Capital Contributions in FLORIDA to date. **\$3,534,663.24**      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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P0000035740</b>	STREET ADDRESS	
NAME	<b>SCHANCK EQUITIES GROUP, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>5551 RIDGEWOOD DR., #501</b>	STREET ADDRESS	<b>800005236968--5</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	CITY-ST-ZIP	<b>-04/11/02--01004--004</b>
DOCUMENT #		STREET ADDRESS	<b>****437.50 ****437.50</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	<b>800005236968--5</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>04/11/02 01004 005</b>
DOCUMENT #		STREET ADDRESS	<b>*****88.75 *****88.75</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Sally Schanck* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (9/01)