LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 16 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001411

1. Entity Name
DLC Family Limited Partnership

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5895-7	One San Jose Place
Suite, Apt. #, etc. St. Augustine Rd.	Suite 17
City & State Jacksonville FLA	City & State Jacksonville FLA
Zip 32207 Country USA - Duval	Zip 32257 Country USA - Duval

DUE BY MAY 1

4. FEI Number 59-3677151 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Everett H. Bondurant JR.

Street Address (P.O. Box Number is Not Acceptable) One San Jose Place suite 17

City Jacksonville **FL** Zip Code 32257

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 Everett H. Bondurant Everett H. Bondurant JR. 9/12/2002
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
1000.00	1000.00	

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

DOCUMENT #	A00000001411
NAME	Daniel L. Covington
STREET ADDRESS	5895-7 St. Augustine Rd.
CITY-ST-ZIP	Jacksonville, Fla. 32207
DOCUMENT #	
NAME	
STREET ADDRESS	
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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: Daniel L. Covington Daniel L. Covington 9/12/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

General Partner

AC 904. 262-1311

STAPLE PAYMENT TO THIS CORNER