

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

02 APR 26 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008501
AT

DOCUMENT # A00000001528

1. Entity Name
BLACK TURTLE PROPERTIES, LTD.

Principal Place of Business 2507 EDGEWATER DR ORLANDO FL 32804	Mailing Address P.O. BOX 533987 ORLANDO FL 32853
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2002

4. FEI Number 59-3675564	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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City & State	City & State
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAMBERS, GENE T
2507 EDGEWATER DR
ORLANDO FL 32804**

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.

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

9. Capital Contributions as Shown on record. **\$60,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **60,000.00**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000034177 GALT AND TAGGERT INC 2507 EDGEWATER DR ORLANDO FL 32804
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	388885450439 5
CITY-ST-ZIP	-05/03/02--01068--010 ****508.75 ****508.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Galt & Taggart, Inc. by Gene T. Chambers, its Secretary/Treasurer*
DATE: **04/19/02** DAYTIME PHONE #: **(407) 872-7575**

CFR2003 (9/01)