

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 13, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000001585**

1. Entity Name

THE THOMAS F. RAYMOND FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

1430 39TH STREET

1430 39TH STREET

WEST PALM BEACH
33407

FL

WEST PALM BEACH
33407

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1064365

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYMOND THOMAS F
1430 39TH STREETWEST PALM BEACH
33407

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

01/13/2001

DATE

9. Capital Contributions

as Shown on record. 407,500.00

10. Amount of Capital Contributions

in FLORIDA to date. 407,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME RAYMOND ELIZABETH JANE
STREET ADDRESS 1430 39TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME RAYMOND THOMAS F
STREET ADDRESS 1430 39TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407STREET ADDRESS
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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:

Thomas F. Raymond

01/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)