

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

001177  
AT

DOCUMENT # **A00000001704**

1. Entity Name

**G. DAVID RAYMOND FAMILY LIMITED PARTNERSHIP**

02 APR 10 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br><b>1633 FLAGLER MANOR CIRCLE<br/>WEST PALM BEACH FL 33411</b> | Mailing Address<br><b>1633 FLAGLER MANOR CIRCLE<br/>WEST PALM BEACH FL 33411</b> |
|--|--|



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|   |                                       |
|---|---------------------------------------|
| <b>DUE BY MAY 1, 2002</b>                                 |                                       |
| 4. FEI Number<br><b>65-1064564</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>RAYMOND, G. DAVID<br/>1633 FLAGLER MANOR CIRCLE<br/>WEST PALM BEACH FL 33411</b> | 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.<br><b>\$407,500.00</b> | 10. Amount of Capital Contributions in FLORIDA to date.<br><b>\$407,500.00</b> | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>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                             | STREET ADDRESS           |                            |
|                                 | <b>RAYMOND, G. DAVID</b>         |                          |                            |
|                                 | <b>1633 FLAGLER MANOR CIRCLE</b> | CITY-ST-ZIP              |                            |
|                                 | <b>WEST PALM BEACH FL</b>        |                          |                            |
| DOCUMENT #                      | NAME                             | STREET ADDRESS           |                            |
|                                 | <b>RAYMOND, NANCY V</b>          |                          |                            |
|                                 | <b>1633 FLAGLER MANOR CIRCLE</b> | CITY-ST-ZIP              |                            |
|                                 | <b>WEST PALM BEACH FL</b>        |                          |                            |
| DOCUMENT #                      | NAME                             | STREET ADDRESS           |                            |
|                                 |                                  |                          | <b>000005259060--1</b>     |
|                                 |                                  | CITY-ST-ZIP              | <b>04/12/02 0116 029</b>   |
|                                 |                                  |                          | <b>***526.25 ***526.25</b> |
| DOCUMENT #                      | NAME                             | STREET ADDRESS           |                            |
|                                 |                                  |                          |                            |
|                                 |                                  | CITY-ST-ZIP              |                            |
|                                 |                                  |                          |                            |
| DOCUMENT #                      | NAME                             | STREET ADDRESS           |                            |
|                                 |                                  |                          |                            |
|                                 |                                  | CITY-ST-ZIP              |                            |
|                                 |                                  |                          |                            |
| DOCUMENT #                      | NAME                             | 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: *G. David Raymond* x 80 Apr 2002 x (561) 7917699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)