2002 UNIFORM BUSINESS REPORT (UBR)

000205 AT

DOCUMENT # A00000001745

1. Entity Name

WOODBERY FAMILY LIMITED LIABILITY PARTNERSHIP

FILED
02 SEP 30 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1659 HULL CIRCLE ORLANDO FL 32806-3177	1659 HULL CIRCLE ORLANDO FL 32806-3177

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

DUE BY SEPTEMBER 25, 2002

4. FEI Number 59-7196619 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCORMICK, ALLEN K
7520 RIDGEWOOD AVE., #602
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name James J. Flick
Street Address (P.O. Box Number is Not Acceptable) 608 East Central Boulevard
City Orlando FL Zip Code 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James J. Flick DATE 9/20/2002

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

9. Capital Contributions as Shown of record. $5,900,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 STREET ADDRESS CITY-ST-ZIP	WOODBERY, RICHARD COLLINS, JR., TRUSTEE 1659 HULL CIRCLE ORLANDO FL 32806-3177	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WOODBERY, LOUISE F TRUSTEE 1659 HULL CIRCLE ORLANDO FL 32806-3177	STREET ADDRESS CITY-ST-ZIP	900008155649--1 -10/02/02--01032--026 ****926.25 ****926.25
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CR2E003 (4/02)

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: SIGNATURE REQUIRED [signature] SEPTEMBER 20 2002 407 898 5886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #