

2002 UNIFORM BUSINESS REPORT (UBR)

0009073 AT

DOCUMENT # A0000001813
1. Entity Name
 SILOS PROFESSIONAL PARK, LTD.

FILED
 2002 APR 12 PM 4:56
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business
 310 MAGNOLIA STREET
 ATLANTIC BEACH FL 32233

Mailing Address
 1004 WASHINGTON STREET
 HOLLYWOOD FL 33019

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3685902 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MORRISON & MILLS PA
 ATTN: FREDERICK J. MILLS, ESQ.
 1200 W PLATT ST SUITE 100
 TAMPA FL 33606

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. **\$2,000.00**

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 | |
|---------------------------------|---------------------------|
| DOCUMENT # | P01000031236 |
| NAME | LOWRY-ROBBINS GROUP, INC. |
| STREET ADDRESS | 1004 WASHINGTON STREET |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|---|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 9000005283089--1 |
| CITY-ST-ZIP | -04/16/02--01069--007 ****141.25 ****141.25 |
| 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: _____ **DATE** 4/10/02 **Daytime Phone #** (954) 920-7877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)

STAPLE CHECK HERE