2001 UNIFORM BUSI ESS REPORT (UBR)

DOCUMENT #- A00000001919

FILED
01 MAY -4 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
THE PRUITT FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
390 N. Orange Ave. Suite 2500 Orlando, Florida 32801	P O Box 3829 Orlando, Florida 32802-3829

2. Principal Place of Business	3. Mailing Address
215 N. Eola Drive	P O Box 2809
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32801 Country:	Zip: 32802-2809 Country:

5/4 DO NOT WRITE IN THIS SPACE MJH

4. FEI Number 59-3686392 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Laurence C. Hames 390 N. Orange Avenue Orlando, Florida 32801	Name: Laurence C. Hames Street Address (P.O. Box Number is Not Acceptable): 215 N. Eola Drive 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.

SIGNATURE [signature] DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record $10,000	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	Jean Ann Gore	STREET ADDRESS / CITY-ST-ZIP	FF $158.75
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	100004314591--0 -05/24/01--01015--023 ****158.75 ****158.75
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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: Jean Ann Gore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER