

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. A00000002063

1. Entity Name,

LENNON/CRUISE FAMILY PARTNERSHIP, LTD.

**FILED**

01 MAY -3 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business                      Mailing Address  
Route 2, Box 481                      Route 2, Box 481  
Lake Butler, FL 32054                      ~~XXXXXXXXXX XXXXXX~~  
Lake Butler, FL 32054

2. Principal Place of Business                      3. Mailing Address  
Suite, Apt. #, etc.                      P.O. Box 551260

City & State                      City & State  
Jacksonville, FL

Zip                      Country                      Zip                      Country

4. FEI Number                      Applied For  
59-3688046                      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**

Schneider, Michael N.  
5150 Belfort Road  
Building 100  
Jacksonville, FL 32256

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)                      DATE

9. Capital Contributions as Shown on record.                      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 #	P00000115535
NAME	Lennon/Cruise Investments, Inc.
STREET ADDRESS	Route 2, Box 481
CITY-ST-ZIP	Lake Butler, FL 32054
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

000004334598-9  
-05/30/01--01082--009  
\*\*\*\*526.25 \*\*\*\*526.25

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: William J. Lennon, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/7/2001  
Date

Daytime Phone #

CR2E003 (1/1/00)