## 2002 UN FORM BUSINESS REPORT (UBR)

DOCUMEN ##

A0100000308

1. Entity Name

FARMERS REALTY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

% HENDERSON KEASLER LAW FIRM 4309 PABLO OAKS COURT. SUITE 200 JACKSONVILLE FL 32224

**% HENDERSON KEASLER LAW FIRM** 4309 PABLO OAKS COURT, SUITE 200 JACKSONVILLE FL 32224

APPRUYEN AND FILED

02 JUN -3 AM 11: 42

SECRETARY OF STATE FALLAHASSEE, FLORIDA



2. Principal P C/O Hen		ness n Keasler Lav	3. Mailing Address Firm (Same as 2)			T HERITALI KALI DOMEN HADIN ORINI NORI	
Suite, Apt. 4309 Pa		aks Ct., Ste	Suite, Apt. #, etc.		s Ct.,	Ste 5 DUE BY MAY 1, 2002	
City & Stat Jackson	e	· · · · · · · · · · · · · · · · · · ·	City & State Jacksonville, F1			4. FEI Number	
Zip Country USA			Zip Country 32224 USA			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		
KEASLER, FRANK R JR 4309 PABLO OAKS COURT, SUITE 2200X Five					Name Street Address (P.O. Box Number is Not Acceptable)		
JACKSON	WILLE FL 3	2224					
			City		ity	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							
9. Capital Contributions as Shown on record. \$500,000.00			10. Amount of Capital Contributions			11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
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						ADDRESS CHANGES ONLY	
DOCUMENT # NAME	ST. AUGUSTINE LAND TRUST				<sub>DRESS</sub> 4309	9 Pablo Oaks Ct. Suite Five	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-Z	<sub>IP</sub> Jack	ksonville, FL 32224	
DOCUMENT # NAME				STREET AD	DRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-Z	IP		
DOCUMENT#	s = 1 V +	<del></del>		STREET ADI	DRESS	0000057293102	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-Z	IP	<del>-06/10/0201081026</del> ****526.25 *****526.25	
DOCUMENT#		-		STREET ADI	DRESS	7777000100100100100100100100100100100100	
STREET ADDRESS				CITY-ST-ZI	IP		
DOCUMENT #				STREET ADD	<u> </u>		
STREET ADDRESS				CITY-ST-ZI			
DOCUMENT				-			
NAME STREET ADDRESS				STREET ADD			
CITY-ST-ZIP				CITY-ST-Zi	۲		

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: