9

2002 UNIFOR	M BUSINESS REPORT (UBR)
OCUMENT # Entity Name	A0100000763

THE 125 FAMILY PARTNERSHIP, LLLP.

Principal Place of Business

125 COASTLINE ROAD - SUITE 2000 SANFORD FL 32771

Mailing Address

125 COASTLINE ROAD - SUITE 2000

SANFORD FL 32771

APPRUVET AND FILED

02 APR 15 AM 11: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal Place of Business 4155 St. Johns Parkway		3. Mailing Address 4155 St. Johns Parkway			-				
Suite, Apt. #, etc. Suite 2000		Suite, Apt. #, etc. Suite 2000			DUE BY MAY 1, 2	2002			
City & State Santord FL		City & State Sanford FL		4. FEI Number \$9.3724072 Applied For Not Applicable					
Zip 37	וררג	Country USA	Zip 32771	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent			
BREWER, DAVID B 125 COASTLINE ROAD - SUITE 2000 SANFORD FL 32771				Str (Street Address (P.O. Bex Number in Not Acceptable) Stife Z000				
			_	City	San	tord	F	L Zin Code	
8. The above	named entity	submits this statement to	the purpose of changing its	registered offic	e or register	red agent, or both		4.02	
9. Capital Co as Shown o	on record.	\$450,000.00	10. Amount of Capita in FLORIDA to da	ate.	148,	197.00	SEE REVERSE SIDE F	LE TO DEPT. OF STATE OR FEE INFORMATION	
	A G NOTE:	ENERAL PARTNER TH General Partners MAY	IAT IS A BUSINESS EN 'NOT be changed on the	TITY MUST (ne form; an a	BE REGIST	TERED AND A	CTIVE WITH THIS OFFICE to change a general p	CE. artner.	
12.		GENERAL PARTNER I	INFORMATION	13.			ADDRESS CHANGES O	NLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		OPERATING COMPANY, STLINE ROAD - SUITE 20		STREET ADDRE	Í	oford, s	ohns Parkwa	4 2000	
DOCUMENT # NAME	SANFURD) FL 321/1	, , , , , , , , , , , , , , , , , , , ,	STREET ADDRE		otora, i	FL 32771		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP			10000000	227 0	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	٠			STREET ADDRE	SS		-04/15/020 ****576.25	11026008 *****526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRE	SS				
DOCUMENT # NAME STREET ADDRESS				STREET ADDRE	ss				
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP				STREET ADDRE	SS		J.	18-02	

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 trop 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 trop tee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

407-330-9901

Daytime Phone #