

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000820

1. Entity Name

NEECE FAMILY LIMITED PARTNERSHIP

Principal Place of Business

1500 SOUTH DIXIE HIGHWAY, SUITE 200
CORAL GABLES FL 33146

Mailing Address

1500 SOUTH DIXIE HIGHWAY, SUITE 200
CORAL GABLES FL 33146

FILED

02 FEB 18 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 58-2590530	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLETCHER, PAUL G 1500 SOUTH DIXIE HIGHWAY, SUITE 200 CORAL GABLES FL 33146		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. \$1,750,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P01000057243	STREET ADDRESS	960 Cape Marco Drive, Unit #1102
NAME	WILLIAM NEECE CORPORATION	CITY-ST-ZIP	Marco Island, Florida 33145
STREET ADDRESS	1500 SOUTH DIXIE HIGHWAY, SUITE 200		
CITY-ST-ZIP	CORAL GABLES FL 33146		
DOCUMENT #		STREET ADDRESS	000004991910--3
NAME		CITY-ST-ZIP	-02/22/02-01083-009
STREET ADDRESS			***526.25 ***526.25
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NAME		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: *William Neece* REQUIRED

2/13/02 305-661-6125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
William Neece Corporation

Date Daytime Phone #

0010168 AT

CR2E003 (9/01)

STAPLE CHECK HERE