

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000852

1. Entity Name
THE 71 FAMILY PARTNERSHIP, LTD.



FILED

03 APR 30 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4155 ST. JOHNS PKWY., STE. 2000
SANFORD FL 32771

Mailing Address
4155 ST. JOHNS PKWY., STE. 2000
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 03-0380707

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREWER, DAVID B
4155 ST. JOHNS PKWY., STE. 2000
SANFORD FL 32771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$215,670.

11. MAKE CHECK PAYABLE TO FL. 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 # L01000008885
NAME BREWER OPERATING COMPANY, LLC
STREET ADDRESS 125 COASTLINE ROAD, SUITE 2000
CITY-ST-ZIP SANFORD FL 32771

STREET ADDRESS 4155 St. Johns Parkway - Suite 2000

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

SIGNATURE

4.23.03

(407) 330.9901

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER David B. Brewer

CR2E003 (10/02)

0021060 FP