2002 UNIFORM BUSINESS REPORT (UBR) A01000001061

DOCUMENT # 1. Entity Name

DOYLE-VALLERY FAMILY PARTNERSHIP, LLLP

Principal Place of Business

SARASOTA PL 34237 *

100 WALLAGE AVE. SUITE 240

Mailing Address

100 WALLACE AVE. SUITE 240

SARASOTA PL 34237

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 2. Principal Place of Business 4250 DRACKENWOOD C+. 4250 BRACK | | | | CENWOND CH | |
|--|-----------------|---|--|-------------------------------|--|
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | DUE BY MAY 1, 2002 |
| City & State Sanssora, FL. | | | City & State | FL. | 4. FEI Number Applied For Applied For Not Applicable |
| Zip 3 423 | 2_ | Country USA | Zip 34232. | Country USA | 5. Certificate of Status Desired Service Servi |
| | 6. Name | and Address of Current Re | gistered Agent | | 7. Name and Address of New Registered Agent |
| NAPOLITANO, JOHN E ESO 100 WALLACE AVE-SUITE 240 SARASOTA FL 34237 | | | | Name Mich Street Addres | acl Pender/Cayanaugh & Coll is (P.O. Box Nymber is Not Acceptable) Fristrice Rised |
| 1 | | | | City SOL | 2110ta FL 236937 |
| 8. The above named entity subroits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | | |
| SIGNATURE Signature, typed of printed name of registered agent and title if applicable. | | | | | |
| 9. Capital Co as Shown | | \$50,000,000.00 | 10. Amount of Capital 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 # | L01000012 | | VI ONIVIATION | 13. | ADDRESS CHANGES ONLY |
| NAME | DDV, LLC | | j | STREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | CKENWOOD COURT A FL 34232 | | CITY-ST-ZIP | 4000053095143 -04/19/0201086017 |
| DOCUMENT # NAME | | | | STREET ADDRESS | ****526.25 ****526.25 |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| DOCUMENT # NAME | | | e and | STREET ADDRESS | |
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| DOCUMENT # NAME | | | | STREET ADDRESS | |
| STREET ADDRESS | | | | CITY-ST-ZIP | |
| DOCUMENT A | | | | STREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| DOCUMENT # NAME | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , <u>-</u> | STREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 14 I hereby c | Artifu that the | information eupplied with this | o filing does not swellfu fourth | L | 2-41410-07(0)(0) 511-0 |

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 empawered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _

MAR 1 8 2002