2002	UNIF	ORM	<b>BUSINESS</b>	REPORT	UBR
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2002	2 UNIFORM BUS	INESS REPO	FILER				
DOCU 1. Entity Nam		0001264		FILED  02 FEB -4 AM 10: 47			
•	arrod Landing, LTD.		chapter and				
100 - 0	ANNOD EXIDING, EID.		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257		Mailing Address 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257					
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & State		City & State			4. FEI Number Applied For Not Applicable		
Zip	Country Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	1		7. Name and Address of New Registered Agent		
			Nar	me			
FRICK, STEPHEN A 3020 HARTLEY ROAD				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 300 JACKSONVILLE FL 32257			City	City FL Zip Code			
Tho above	named entity submits this statement for	or the nurnace of changing its	registered offic	ce or registe	ered agent, or both, in the State of Florida.		
SIGNATURE .	styre OF	· P			1-24-02		
9. Capital Co	шаала	10. Amount of Capita		 S	11. MAKE CHECK PAYABLE TO DEPT. OF STATE		
as Shown o	A GENERAL PARTNER		ITITY MUST		SEE REVERSE SIDE FOR FEE INFORMATION ITERED AND ACTIVE WITH THIS OFFICE.		
40				amendme	nt must be filed to change a general partner.		
12. DOCUMENT /	GENERAL PARTNE		13.		ADDRESS CHANGES ONLY		
NAME STREET ADDRESS			STREET ADDR	ļ <del></del>	A.		
CITY-ST-ZIP DOCUMENT#	JACKSONVILLE FL 32257	14010					
NAME STREET ADDRESS	T.		STREET ADDR	RESS	.^		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	<u> </u>			
DOCUMENT# NAME			STREET ADDR	RESS	5000049122950 92/12/02-01006-013		
Street address City-St-2ip			CITY-ST-ZIP		****150.00 ****150.80		
DOCUMENT # NAME			STREET ADDR	RESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
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NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT #			STREET ADDR	ESS			
STREET ADDRESS		ć	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:** 

CITY-ST-ZIP