LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR -7 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001309

1. Entity Name
. COUCH FAMILY PROPERTIES, LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
601 Rosary Road	601 Rosary Road
Suite, Apt. #, etc.: #405	Suite, Apt. #, etc.: #405
City & State: Largo, Florida	City & State: Largo, Florida
Zip: 33770 Country: Pinellas	Zip: 33770 Country: Pinellas

DUE BY MAY 1

4. FEI Number: 59-3748345 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARY C. PIKE

Street Address (P.O. Box Number is Not Acceptable): 601 Rosary Road, #405

City: Largo FL Zip Code: 33770

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: Mary C Pike 2/11/03
Signature, typed or printed name, registered agent and title if applicable — DATE

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$497,000	$497,000	

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

DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	Joseph H. Couch, Jr. 37 Breeze Hill Lane Palm Coast, Florida 32137
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	Mary C. Pike 601 Rosary Road, #405 Largo, Florida 33770
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	900012389729 02/12/03--01058--003 **437.50
STREET ADDRESS	
CITY-ST-ZIP	900012389729 03/07/03--01004--020 **88.75
STREET ADDRESS	
CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP	
STREET ADDRESS	M THOMAS
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003B (12/02)

STAPLE CHECK HERE

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: Mary C Pike 2/11/03 (727) 584-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #