

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001620

1. Entity Name
CARRAWAY FAMILY LIMITED PARTNERSHIP



FILED

03 MAY 14 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1600 WEST EAU GALLIE BLVD.
MELBOURNE, FL 32935

Mailing Address
1600 WEST EAU GALLIE BLVD.
201
MELBOURNE, FL 32935



2. Principal Place of Business

3. Mailing Address

DUE BY MAY 1, 2003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0558221

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEEK, DAVID H
1600 WEST EAU GALLIE BLVD.
MELBOURNE, FL 32935

Name
David H. Peek

Street Address (P.O. Box Number is Not Acceptable)
1301 Riverplace Boulevard
Suite 1609

City Jacksonville

FL

Zip Code
32207

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

5/13/03

DATE

9. Capital Contributions
as Shown on record. \$900.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

CARRAWAY, JAMES D
1600 WEST EAU GALLIE BLVD.
MELBOURNE, FL 32935

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/13/03 (321) 308-4000

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)