

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 A.M
Secretary of State

DOCUMENT # A01000001713

1. Entity Name

FLINT BROTHERS CATTLE PARTNERSHIP, LLLP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Lee Co, FL
Suite, Apt. #, etc.

245 Homestead Rd
Suite, Apt. #, etc.

DUE BY MAY 1

City State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HARRY Flint

Street Address (P.O. Box Number is Not Acceptable)

245 Homestead Rd

City

Lehigh Acres

FL

Zip Code

33936

**DO NOT WRITE
IN THIS SPACE**

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.

HARRY
SIGNATURE *X Harry R. Flint*
Signature, typed or printed name of registered agent and title if applicable

3-20-02
DATE

9. Capital Contributions

as Shown on record.

849,685.00

10. Amount of Capital Contributions

in FLORIDA to date.

0

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

DOCUMENT # *HARRY*
NAME *Flint*
STREET ADDRESS *245 Homestead Rd*
CITY-ST-ZIP *Lehigh Acres, FL 33936*

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # *NORA B. Flint*
NAME *245 Homestead Rd.*
STREET ADDRESS *Lehigh Acres, FL 33936*
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
200005169112--7
03/26/02--01046--010
*****141.25 ****141.25*

DOCUMENT #
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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: *X Harry R. Flint* *X Nora B. Flint*
2/14/02 941-369-1900

CR2E003B (12/01)

STAPLE CHECK HERE