<u>ش</u> ر م				1012	
UNIFORM, BUSINESS REPORT (UBR)					
 1. Entity Nan 				FILED	
BROWTON FAMILY PARTNERSHIP			02 OCT 22 AM 8: 58		
	······································			SECRETARY OF STATE	
				TALLAHASSEE FLORIDA	
DO NOT WRITE IN THIS SPACE					
	Place of Business	3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	DUE BY MAY 1	
City & Stat	BY BCH , FL	City & State		4. FEI Number 3021822 Applied For Not Applicable	
Z241	by Dury Fr	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
				7. Name and Address of Current Registered Agent	
	DO NOT WI	RITE	Name Street Add	KICHARD PARKER	
	IN THIS SP	4	. Concertado	NO DOSENBURG ED	
	×		City	ERAY BOH FL ZO CONTRACT	
8. The above	named entity submits this statement for	the purpose of changing its r	registered office or re	egistered agent, or both, in the State of Florida.	
SIGNATURE					
9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE					
	A GENERAL PARTNER TH	IAT IS A BUSINESS ENT	ITY MUST BE RE	SEE REVERSE SIDE FOR FEE INFORMATION EGISTERED 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	· · · · · ·	neval Partner	STREET ADDRESS	~1 0/22/02 01088-005 **141.25	
STREET ADDRESS CITY-ST-ZIP	14545-J MILITAR	- 334A4	CITY-ST-ZIP		
DOCUMENT # NAME	DELIZAY BOLL, FL BOUDO 10	3751	STREET ADDRESS	700008518687 10/22/0201088005 **141.25	
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	DO NOT WRITE	
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DOCUMENT #			STREET ADDRESS		
NAME STREET ADDRESS			CITY-ST-ZIP	······	
CITY-ST-ZIP	·			×	
NAME STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP 14. hereby ce	ertify that the information supplied with	is filing does not qualify for the	CITY-ST-ZIP	In Section 119.07(3)(i) Florida Statutes I further certify that the information	
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 frue 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: SIGNA-5, INC. 9-27-02 929-8765					
	SPATURE TO THE				

6118 Dusenburg Rd. Delray Beach, FL 33484

Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: Brewton family Partnership, Ltd. (doc. # A0200000016)

September 27, 2002

Dear Sirs:

I enclose the UBR form and required payment of \$141.25.

This filing is late. We have no record of receiving the filing form.

My wife normally handles these, but her mother passed away this year, and I just now discovered this was un-filed. The form sent to you is the one you mailed to me earlier, as I had used the incorrect Internet form.

I am asking you to waive the late filing fee penalty because of this loss of communication.

Thank you for your consideration.

Richard Parker

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