

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

03 MAR -5 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000536

1. Entity Name
THE MICHAEL L. JENKINS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**431 ATWATER COURT
MARY ESTHER FL 32569**

Mailing Address
**431 ATWATER COURT
MARY ESTHER FL 32569**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number
04-3732883

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JENKINS, MICHAEL L
431 ATWATER COURT
MARY ESTHER FL 32569**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$400.00**

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 #	JENKINS, MICHAEL L
NAME	431 ATWATER COURT
STREET ADDRESS	MARY ESTHER FL 32569
CITY-ST-ZIP	
DOCUMENT #	JENKINS, LAURA DIANE
NAME	431 ATWATER COURT
STREET ADDRESS	MARY ESTHER FL 32569
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000013528060
CITY-ST-ZIP	03/05/03 01013 010 **141.25
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 REQUIRED~~ **1-15-03 850-622-7566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR25003 110102