LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 APR -4 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000625

1. Entity Name

GORDON E. CROSBY, JR. FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
12804 YACHT CLUB CIRCLE	P. O. BOX 07460	DUE BY MAY 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: FORT MYERS, FL	City & State: FORT MYERS, FL	4. FEI Number: 72-1524946 ☐ Applied For ☐ Not Applicable
Zip: 33919-7390 Country: USA	Zip: 33919-0460 Country: USA	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: JAMES R. NICI, c/o COX & NICI

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

1185 IMMOKALEE ROAD, SUITE 110

City: NAPLES FL Zip Code: 34110

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: 3/3/03

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

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
$10,000,000	$10,000,000	

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	P02000037928 CROSBY FAMILY ENTERPRISES, INC. 12804 YACHT CLUB CIRCLE FORT MYERS FL 33919
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STREET ADDRESS	500015321625 04/04/03--01062--017 **437.50
CITY-ST-ZIP	
STREET ADDRESS	500015321625 04/04/03--01062--018 **88.75
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	**DO NOT WRITE**
STREET ADDRESS	**IN THIS SPACE**
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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: G.E. Crosby, Jr. 1-24-03

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