

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A02000001676				1. Entity Name THE DOWDY FAMILY PARTNERS, LTD.	
Principal Place of Business 9001 POINT CYPRESS DRIVE ORLANDO, FL 32836			Mailing Address 9001 POINT CYPRESS DRIVE ORLANDO, FL 32836		
2. Principal Place of Business		3. Mailing Address 1201 S. Orlando Avenue			
Suite, Apt. #, etc.		Suite 350			
City & State		City & State Winter Park, Florida			
Zip	Country	Zip	Country	4. FEI Number 37-1454318	
32789	USA	32789	USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DELOACH BRYANT, CARLA ESQ. 1201 SOUTH ORLANDO AVE. SUITE 350 WINTER PARK, FL 32789				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00		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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS	DOCUMENT #	NAME	STREET ADDRESS
	THE DOWDY FAMILY CORPORATION	9001 POINT CYPRESS DRIVE			
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
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CITY-ST-ZIP			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: _____			2/22/03		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

CR2E003 (10/02)