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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/23/03--01113--005 **141.25

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001678

1. Entity Name
WHITE SANDS 1 FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
902 OLD MOUNTAIN ROAD MARIETTA, GA 30064	902 OLD MOUNTAIN ROAD MARIETTA, GA 30064

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 16-1644192 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRATHER, WALTER M 16118 ANCROFT COURT TAMPA, FL 33647	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 ______ Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contribution as Shown on record 100.00

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 CITY-ST-ZIP	PRATHER, WALTER M 902 OLD MOUNTAIN ROAD MARIETTA, GA 30064	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PRATHER, PAULA 902 OLD MOUNTAIN ROAD MARIETTA, GA 30064	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

CR2E003 (10/02)

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: Walter M. P[illegible] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MAY 1, 2003 — Date

770/720-2500 — Daytime Phone #