2002 UNIFORM BUSINESS REPORT (UBR)

000429 AT

DOCUMENT # A12973

FILED
02 MAR 26 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

PUTNAM PROPERTIES, LTD.

Principal Place of Business	Mailing Address
P.O. BOX 546 MELROSE FL 32666	P.O. BOX 546 MELROSE FL 32666

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, 2002

4. FEI Number 59-2517735 ☐ 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
GPRDON, W.K. 303 S.R. 26 MELROSE FL 32666	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.

SIGNATURE [signature] 1-21-02
Signature, typed or printed name of registered agent and title if applicable — DATE

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$60,929.32		

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 #		STREET ADDRESS	3901 MAY LANE
NAME	BACARIS, JOHN	CITY-ST-ZIP	MALabaR, FLoRida 32950
STREET ADDRESS	5635 S. HIGHWAY A1A, UNIT 803		
CITY-ST-ZIP	SOUTH MELBOURNE BEACH FL 32951		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	900005177479--3
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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: [signature] 1-21-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #