


**2002 UNIFORM BUSINESS REP (UBR)**

0020111 AB

**DOCUMENT # A13162**  
 1. Entity Name  
**77, LTD.**

Principal Place of Business      Mailing Address  
**POST OFFICE DRAWER 16227**      **POST OFFICE DRAWER 16227**  
**MOBILE AL 36616**      **MOBILE AL 36616**

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

**FILED**  
**02 APR 19 PM 4:07**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  


**DUE BY MAY 1, 2002**

4. FEI Number      Applied For  
**63-0829295**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**WEBB, SUE**  
**429 S. TYNDALL PKY SUITE D**  
**PANAMA CITY FL 32404**

**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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$40,000.00**      10. Amount of Capital Contributions in FLORIDA to date.  
 11. **MAKE CHECK PAYABLE TO 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 #	<b>WHITE-SPUNNER, B.</b> <b>3201 DAUPHIN STREET</b> <b>MOBILE AL 36606</b>	STREET ADDRESS	<b>700005450237-5</b> <b>-05/03/02--01001--026</b> <b>****368.75 ****368.75</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	<b>AUSTILL, JERE, JR.</b> <b>3201 DAUPHIN STREET</b> <b>MOBILE AL 36606</b>	CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	<b>BATES, RONALD G.</b> <b>3201 DAUPHIN STREET</b> <b>MOBILE AL 36606</b>	CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date      Daytime Phone #

CR2E003 (9/01)