2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001360B AT

DOCUMENT # A17678

1. Entity Name
APEX PROPERTIES, LTD.

FILED
03 JAN 27 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10605 ILEX STREET	10605 ILEX STREET
TAMPA FL 33618	TAMPA FL 33618

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 59-2436946 — 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
EVANS, THOMAS P 10605 ILEX STREET TAMPA FL 33618	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
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
$900,000.00		

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 #	F86970	STREET ADDRESS	
NAME	EVANS FARMS, INC		
STREET ADDRESS	10605 ILEX STREET	CITY-ST-ZIP	500001097224 5 01/28/03--01009--023 **526.25
CITY-ST-ZIP	TAMPA FL 33618		
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DOCUMENT #		STREET ADDRESS	M THOMAS
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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: Thomas P. Evans — Thomas P. Evans — 1/24/03 — (813) 932-2898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #