

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18751**

1. Entity Name
LIVELY SISTERS, LTD.



Principal Place of Business
**3183 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

Mailing Address
**3183 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

FILED

03 AUG 29 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number **59-2479621**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

F.W. CARRAWAY

**233 RIO VISTA DRIVE 3775 Greyfield Dr
SOPCHOPPY FL 32358 Tallahassee, FL 32311**

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 Contributions
as Shown on record.

\$1,740,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

135,186.00

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
**CARRAWAY, F W JR
233 RIO VISTA DR
SOPCHOPPY FL 32358**

STREET ADDRESS
CITY-ST-ZIP
**3755 Greyfield Dr
Tallahassee, FL 32311**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WESSON, ROBIN G
3183 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/28/03

Date

850-531-0673

Daytime Phone #

CR2E003 (4/03)

0002065 AB

STAPLE CHECK HERE