

2002 UNIFORM BUSINESS REPORT (UBR)

0019630 AB

DOCUMENT # **A22524**

1. Entity Name

FORT WALTON BEACH INVESTMENT CO., LTD.

Principal Place of Business

**5350 POPLAR AVE # 51 Mary Esther
SUITE 200
MEMPHIS TN 38119 Mary Esther, Fla**

Mailing Address

**5350 POPLAR AVE - 6055 Primacy Hwy
SUITE 200 Ste 402
MEMPHIS TN 38119 Memphis TN 38119**

FILED
2002 FEB 26 AM 10:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

62-1169742

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

**RAHE, THEODORE D
327 ELDREDGE ROAD
FT. WALTON BEACH FL 32548**

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. **\$1,782,000.00**

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 #
NAME **EDWARDS, ELWOOD L**
STREET ADDRESS **5350 POPLAR AVE. #200**
CITY-ST-ZIP **MEMPHIS TN**

STREET ADDRESS **6055 Primacy Pkwy Ste 402**
CITY-ST-ZIP **Memphis TN 38119**

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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: **ELWOOD EDWARDS**
ELWOOD EDWARDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-19-02 901-685-9286
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE