

2001 UNIFORM BUSINESS REPORT (UBR)

0012057 AF

DOCUMENT # **A25910**

1. Entity Name

LILLIE P. LLOYD FAMILY LIMITED PARTNERSHIP

FILED

01 APR 27 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business 100 CHERRY STREET APT. # 104 PANAMA CITY FL 32401	Mailing Address 100 CHERRY STREET APT. # 104 PANAMA CITY FL 32401
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2880855	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent LLOYD, RAYFORD L, JR. 100 EAST 23RD STREET PANAMA CITY FL 32405	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$531,000.00	10. Amount of Capital Contributions in FLORIDA to date. 531,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
	LLOYD, LILLIE P.	CITY - ST - ZIP	
	100 CHERRY STREET		
	PANAMA CITY FL		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
			400004193334--8
			-05/10/01--01083--002
			****526.25 ****526.25
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	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: Lillie P. Lloyd SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-31-01
Date Daytime Phone #

CR2E003 (11/00)