

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25910**

1. Entity Name
LILLIE P. LLOYD FAMILY LIMITED PARTNERSHIP



FILED

03 APR 30 AM 5:34

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

55 JH

Principal Place of Business
**100 CHERRY STREET
APT. # 104
PANAMA CITY FL 32401**

Mailing Address
**100 CHERRY STREET
APT. # 104
PANAMA CITY FL 32401**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number **59-2880855**

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

**LLOYD, RAYFORD L., JR.
100 EAST 23RD STREET
PANAMA CITY FL 32405**

Name

William P. Lloyd

Street Address (P.O. Box Number is Not Acceptable)

447 SUDDUTH AVE

City

PANAMA CITY

FL

Zip Code

32401

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

William P. Lloyd **William P. Lloyd**

April 28, 2003

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 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
**LLOYD, LILLIE P.
100 CHERRY STREET
PANAMA CITY FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400016084764
04/16/03-01004-020 **526.25**

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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 REQUIRED

4-4-03

Date

Daytime Phone #

CR2E003 (10/02)

0006918 AT

STAPLE CHECK HERE