2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A26264

1. Entity Name

C.D. AND KATHRYN MARSH ATKINS LIMITED PARTNERSHI

FILED
00 JAN 24 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2930 LAKE ELOISE LOOP RD.	P.O. BOX 1663
WINTER HAVEN FL 33880	EAGLE LAKE FL 33839-1663

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2942858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, STEPHEN F.
565 AVENUE K, S., E.,
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

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 (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $199,200.00

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 / STREET ADDRESS / CITY-ST-ZIP	ATKINS, C D TRUSTEE 2930 LAKE ELOISE LOOP RD WINTER HAVEN FL	STREET ADDRESS / CITY-ST-ZIP	000003113610--4 ~~01/27/00 01110 008~~ ***526.25 ***526.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	MARSH ATKINS, KATHRYN TRUSTEE 2930 LAKE ELOISE LOOP RD WINTER HAVEN FL	STREET ADDRESS / CITY-ST-ZIP	
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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: [signature] REQUIRED 1-15-2000 863-324-659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER / Date / Daytime Phone #