2001 UNIFORM BUSINESS REPORT (UBR)

000628 AF

DOCUMENT # A26264

1. Entity Name

C.D. AND KATHRYN MARSH ATKINS LIMITED PARTNERSHI

FILED
01 MAY 16 PM 7:49
SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 2920 Lake Eloise Loop Rd	Suite, Apt. #, etc.
City & State Winter Haven, Florida	City & State
Zip 33884 Country	Zip Country

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	7. Name and Address of New Registered Agent
BAKER, STEPHEN F. 565 AVENUE K, S., E., WINTER HAVEN FL 33880	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$199,200.00		

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 #		STREET ADDRESS	
NAME	ATKINS, C D TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	2930 LAKE ELOISE LOOP RD		
CITY-ST-ZIP	WINTER HAVEN FL		
DOCUMENT #		STREET ADDRESS	300000430238B---6
NAME	MARSH ATKINS, KATHRYN TRUSTEE	CITY-ST-ZIP	-05/23/01--01068--001
STREET ADDRESS	2930 LAKE ELOISE LOOP RD		****578.75 ****526.25
CITY-ST-ZIP	WINTER HAVEN FL		
DOCUMENT #		STREET ADDRESS	
NAME	Amendment being filed	CITY-ST-ZIP	
STREET ADDRESS	changing General Partners		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

$526.25

CR2E003 (11/00)

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: Barbara K. Smith (formerly known as Barbara K. Melvin) 5/14/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone # 863-324-6598