2001 UNIFORM BUSINESS REPORT (UBR)											
DOCUMENT # A26264 1. Entity Name)		·			
C.D. AND KATHRYN MARSH ATKINS LIMITED PARTNERSHI							FILED				
Principal Plac	ce of Business		Mailing Address					O1 HAY	16 P	M 7: 49	
2930 LAKE ELOISE LOOP RD.			P.O. BOX 1663						•	.,	
WINTER HAVEN FL 33880 EAGLE LAKE FL 33839								SECRET/		SIAIE Miliini	
2. Principal F	Place of Business	3. Mailing Address					#	JIBI DIQU QUBU	NION ENER DIALE DIE	:	
Suite, Apt. #, etc. Suite, Apt. #, 2920 Lake Floise Loop Rd Suite, Apt. #,							DO NOT WRITE IN THIS SPACE				
Winter Haven Florida			City & State				4. FEI Number	59-2942858		Applied Not App	
Zip Country 33884			Zip	Country			5. Certificate o	of Status Desired		8.75 Additional	
<u>ەر ب</u>	6. Name and Ad	dress of Current Re	egistered Agent	۱			7. Name and A	Address of New Reg		<u></u>	
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					Zip Code	
8. The above	l eaistere	d office or	r registere	ed agent, or both,	in the State of Floric		L				
8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.											
SIGNATURE	Registered	d Agent signatu	ure required v	when reinstating)		DATE					
9. Capital Contributions as Shown on record. \$199,200.00 In FLORIDA to distributions					outions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION						
	TTY MU	UST BE F	REGIST	ERED AND AC	CTIVE WITH THIS	OFFICE.					
NOTE: General Partners MAY NOT be changed on the agency of the second se					, 411 4111			ADDRESS CHAN			
DOCUMENT / NAME	ATKINS, C D TRU	·	STREE	ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	2930 LAKE ELOIS WINTER HAVEN F		CITY-	-ST-ZIP							
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP MARSH ATKINS, KATHRYN TRUSTEE 2930 LAKE ELOISE LOOP RD WINTER HAVEN FL					ET ADORESS		31	000043	3025	3 <u>63</u>	-6
					-ST-ZIP		-05/23/0101068001 ****578.75 ****526.25				
DOCUMENT# NAME	DOCUMENT! amendment beingfiled					_			·		
DOCUMENT! NAME STREET ADDRESS CITY-ST-ZIP Changing General Partner					ST-ZIP		<u>.</u>				
DOCUMENT / NAME		(STREE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP						
DOCUMENT # NAME				STREE	ET ADDRESS					₽\ <u>\</u>	
STREET ADDRESS CITY-ST-ZIP	\ <u></u> -			CITY-	ST-ZIP			. <u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	10.0°	
DOCUMENT # NAME				STREE	ET ADORESS				\$500	r 	
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP						

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 Chap at 620, Florida Statutes

SIGNATURE:

Barbara & Belin Jay Clorene by known as Barbara K. Melin 5/14/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENER! L PAPTINER

Date

D