

2002 UNIFORM BUSINESS REPORT (UBR)

0008607 AT

DOCUMENT # A29662

1. Entity Name

THE ROBERT E. LAWLER FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
875 INDIAN RIVER DRIVE COCOA FL 32922	875 INDIAN RIVER DRIVE COCOA FL 32922

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

FILED

02 JAN 14 AM 10:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DUE BY MAY 1, 2002			
4. FEI Number		59-2989522	
		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAWLER, LAVONA S. 875 INDIAN RIVER DRIVE COCOA FL 32922	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.

9. Capital Contributions as Shown on record.	\$39,200.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	LAWLER, ROBERT E. 875 INDIAN RIVER DRIVE COCOA FL	STREET ADDRESS	2000004778962--1 -01/16/02--01084--004 ****165.75-****165.75
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	LAWLER, LAVONA E. 875 INDIAN RIVER DRIVE COCOA FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: *Robert E. Lawler* **1/14/02** **321-636-0459**

Signature and Typed or Printed Name of Signing General Partner

Date Daytime Phone #

CR2E003 (9/01)