## **2000 UNIFORM BUSINESS REPORT (UBR)**

					<u> </u>		
DOCUMENT # A31113 1. Entity Name						FILEO	
C.C. FAMILY LIMITED PARTNERSHIP					SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address						00 JUN 2   PM 1: 29	
4229 HIGHWAY 90 4229 HIGHWAY 90							
PACE FL 32571 PACE FL 32571-2011							
Principal Place of Business     Address     Mailing Address						- -	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number         Applied For Not Applicable	
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name		
HENRY, EDWIN					Street Address (P.O. Box Number is Not Acceptable)		
5020 SAN PADRO COURT					4229 Highway 90		
MILTON FL 32570					City Pace	Pace FL Zip Code 32571	
8. The above named entity submiter his statement for tipe purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE Signature, typed or printed name of registered eyent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
9. Capital Contributions as Shown on record.  \$220,615.32  10/Arhount of Capital Contributions in FLORIDA to date.  220,615.32  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						ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	P94000064374 HENRY BUSIN 4229 HIGHWA	iess group, inc.			EET ADDRESS		
CITY-ST-ZIP	PACE FL 325	71					
DOCUMENT # NAME STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP					-ST-ZIP	400003317304 -4	
DOCUMENT # NAME				STR	EET ADORESS	-07/10/0001021010 ****526.25 *****526.25	
STREET ADDRESS CITY+ST-ZIP		,		СПУ	-ST-ZIP		
DOCUMENT# NAME				STR	EET ADDRESS		
STREET ADDRESS CITY - ST - ZIP				СПУ	'-ST-ZIP		
DOCUMENT #				STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				СПҮ	-ST-ZIP		
DOCUMENT # NAME				STR	EET ADDRESS		
STREET ADDRESS CITY ST-ZIP				СПУ	'- ST- ZIP		
14. I hereby certify that the information supplied with this pling 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 empowership execute his report as required by Chapter 620, Florida Statutes							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylimp Phone #							
	V	CIGHALURE AND TYPED OF	FROM TOD MARKE OF SIGNING GENE	rys PARIN	-11	Dayline Fibrie #	