

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011018 1/1

DOCUMENT # **A92000000039**

1. Entity Name
THORNTON FAMILY LIMITED PARTNERSHIP

00 APR -4 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/19



DO NOT WRITE IN THIS SPACE

Principal Place of Business
P.O. BOX 8144
BRECKENRIDGE CO 80424

Mailing Address
P.O. BOX 8144
BRECKENRIDGE CO 80424-8144

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3150541**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LESTER, BELFORD S III
175 LOOKOUT PLACE
SUITE 200
MAITLAND FL 32751**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$1,329,533.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,329,533**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	THORNTON, MARTHA K 91 SILVER CIRCLE BRECKENRIDGE CO
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	300003223043-3 -04/25700--01062--001 ****526.25 ****526.25
STREET ADDRESS 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: *Marttha K Thornton* **SIGNATURE REQUIRED** **3/28/00** **9704538416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)