

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019061 AB

DOCUMENT # **A92000000039**

1. Entity Name

**THORNTON FAMILY LIMITED PARTNERSHIP**

FILED

01 APR 27 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**MJH**

Principal Place of Business <b>New Address</b> <del>P.O. BOX 8144</del> <b>BRECKENRIDGE CO 80424</b> <b>Martha K. Thornton</b> <b>P. O. Box 326</b> <b>Louisville, Colorado 80027</b>	Mailing Address <del>P.O. BOX 8144</del> <b>BRECKENRIDGE CO 80424</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-3150541</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_  
Signature, typed printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. <b>\$1,329,533.00</b>	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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>THORNTON, MARTHA K</b>	<b>91 SILVER CIRCLE</b>	<b>BRECKENRIDGE CO</b>
	<i>New Address:</i>	<i>Martha K. Thornton</i>	<i>P. O. Box 326</i>
		<i>Louisville, Colorado 80027</i>	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: *Martha K. Thornton* **4/19/01** **720-890-9566**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)