

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000957**

1. Entity Name

SZUMLANSKI FAMILY LIMITED PARTNERSHIP

FILED

02 OCT 14 AM 9:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

1487 SANDCASTLE RD.
SANIBEL FL 33957

Mailing Address

1487 SANDCASTLE RD.
SANIBEL FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0449617

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**SZUMLANSKI, BARRY E
1487 SANDCASTLE RD.
SANIBEL FL 33957**

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 or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$2,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SZUMLANSKI, BARRY E	1487 SANDCASTLE RD.	SANIBEL FL 33957
	SZUMLANSKI, MICHAL	1487 SANDCASTLE RD.	SANIBEL FL 33957

STREET ADDRESS	CITY-ST-ZIP

300008533223
10/23/02 01005 006 **926.25

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:

SIGNATURE REQUIRED

10/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)