

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015928
AT

02 APR -9 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A93000001365
1. Entity Name MYERS FAMILY LIMITED PARTNERSHIP, LLP

Principal Place of Business 5534 GULF DRIVE, SUITE 1 NEW PORT RICHEY FL 34652	Mailing Address 5318 LINDNER PLACE NEW PORT RICHEY FL 34652
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2. Principal Place of Business	3. Mailing Address 5534 Gulf Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State New Port Richey, FL
Zip	Zip 34652
Country	Country USA

DUE BY MAY 1, 2002	
4. FEI Number 59-3225197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MYERS, MICHAEL A MD 5534 GULF DRIVE, SUITE 1 NEW PORT RICHEY FL 34652

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
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9. Capital Contributions as Shown on record. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,157,369	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
	MYERS, MICHAEL A M.D.
STREET ADDRESS	5534 GULF DRIVE, SUITE 1
CITY-ST-ZIP	NEW PORT RICHEY FL 34652
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000005254130--7
CITY-ST-ZIP	-04/11/02--01053--015
	2276.25 *526.25
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:	SIGNATURE REQUIRED	4/4/02	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				

CR2E003 (9/01)