2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000089

1. Entity Name

SNEAD Y. DAVIS SANTA FE RIVER RANCH LIMITED PART NERSHIP

Principal Place of Business	Mailing Address
1560 LANCASTER TERRACE. #1500 JACKSONVILLE FL 32204	1560 LANCASTER TERRACE. #1500 JACKSONVILLE FL 32204

FILED

02 APR 23 AM 10: 30

SECRETARY OF STATE

LF

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY MAY 1, 2002**
City & State	City & State	**4.** FEI Number 59-3254169 — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
YONG, FRANK J CONE YONG STEWART & HOUSTON, P.A. 701 FISK STREET, STE. 110 JACKSONVILLE FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) 701 Riverside Park Place Suite 110 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. **$5,000,000.00**	**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 # P93000088317 NAME SNEAD Y. DAVIS, INC. STREET ADDRESS 1560 LANCASTER TERRACE, #1500 CITY-ST-ZIP JACKSONVILLE FL 32204	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 100005418571--4 05/01/02--01083--005
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS ****526.25 ****526.25 CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME 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: *Snead Y. Davis*   4-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #