

2002 UNIFORM BUSINESS REPORT (UBR)

0016023 AT

DOCUMENT # **A94000000137**

1. Entity Name

THE SECOND CUMMINGS FAMILY LIMITED PARTNERSHIP

FILED

02 APR 26 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3897 DRAYTON WAY PALM HARBOR FL 34685	Mailing Address 3897 DRAYTON WAY PALM HARBOR FL 34685
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 59-3227446	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUMMINGS, RICHARD R 3897 DRAYTON WAY PALM HARBOR FL 34685	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,120.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CUMMINGS, RICHARD R 3897 DRAYTON WAY PALM HARBOR FL 34685	STREET ADDRESS	100005450511--9 -05/03/02--01074--008 ****141.25 ****141.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	CUMMINGS, LAURA J 3897 DRAYTON WAY PALM HARBOR FL 34685	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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NAME		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:

Richard R Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/02 227 937-2910
Date Daytime Phone #

CR2E003 (9/01)