

2002 UNIFORM BUSINESS REPORT (UBR)

0020608 AB

DOCUMENT # A94000001514

1. Entity Name

TIMOSHENKO FAMILY PARTNERSHIP, LTD.

Principal Place of Business

3630 GULF OF MEXICO DRIVE #101-B
LONGBOAT KEY FL 34228

Mailing Address

12690 PLYMOUTH DRIVE
SARATOGA CA 95070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 APR 19 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number 65-0464969

Applied For

Not Applicable

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

KUTCH, STEPHANIE T

3630 GULF OF MEXICO DR., #101B

LONGBOAT KEY FL 34228-2830

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.

\$4,356,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

4,356,000.00

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 KUTCH, STEPHANIE T
STREET ADDRESS 12690 PLYMOUTH DRIVE
CITY-ST-ZIP SARATOGA CA 95070

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME TIMOSHENKO, JOHN A
STREET ADDRESS 3630 GULF OF MEXICO DRIVE, #101-B.
CITY-ST-ZIP LONGBOAT KEY FL 34228

STREET ADDRESS

CITY-ST-ZIP

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****535.00 ****535.00

AL

CR2E003 (9/01)

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 OF SIGNING GENERAL PARTNER

4/11/02

Date

Daytime Phone #