2002 UNIFORM BUSINESS REPORT (UBR)

DOCL	MENIT	# ΔQ4 ΩΩ	\bigcap	11546				FILED		
DOCUMENT # A9400001546 1. Entity Name						المتار منتخ				
DENNIS C. MCNAMARA, SR. FAMILY LIMITED PARTNERSH IP						is a figure	1	25 PM12:31		
Principal Place of Business Mailing Address 1010 WEST COLONIAL DR. 1010 WEST COLONIAL DR. ORLANDO FL 32804 ORLANDO FL 32804					 -		SECRE TALLAH	TARY OF STATE IASSEE, FLORIDA	MJH	
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Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.				uite, Apt. #, etc.				DUE BY MAY 1, 2002		
City & State				ity & State		4. FEI Number Applied For Applied For				
Zip	Country			Zip Cour		ntry	5. Certificate		\$8.75 Additional	
5	6. Name and Address of Current Registered Agent						7. Name and	Address of New Registered	Fee Required	
MCNAMARA, HAL						Name				
1010 WEST COLONIAL DR. ORLANDO FL 32804						Street Addres	ss (P.O. Box Numbe	r is Not Acceptable)		
						City Zip Code				
The above named entity submits this statement for the purpose of changing its region.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable.						butions		11. MAKE CHECK PAYABLE	TO DEPT. OF STATE	
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MARE CHECK PAYABLE 10 SEE REVERSE SIDE FOR FLORIDA to date.										
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 #	MCNAMARA, DENNIS C SR. 1010 WEST COLONIAL DR.					ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP				
DOCUMENT #			STRE	ET ADDRESS	20	-04/04/02-0				
NAME STREET ADDRESS CITY-ST-ZIP	1010 11201 002011112 011				CITY	city-st-zip ####526.25 ####526.25				
DOCUMENT # NAME	MCGEE, MARGARET M					ET ADDRESS		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY-ST-ZIP	1010 WEST COLONIAL DR. ORLANDO FL 32804			cr		-ST-ZIP				
DOCUMENT # NAME					STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	DRESS 1010 WEST COLONIAL DR.			cirv		-ST-ZIP				
DOCUMENT # NAME VILLARROEL, MARY ANN					STRE	ET ADDRESS				
STREET ADDRESS	TADDRESS 1010 WEST COLONIAL DR.			cm		-ST-ZIP				
DOCUMENT #		,			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP				
	ertify that the	information supplied with	this filin	g does not qualify for t	he exe	I mption stated in	Section 119.07(3)(i)	, Florida Statutes. I further cen	ify 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 be execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: (

STAPLE CHECK HERE

HalmcNamara 8-1200