


2002 UNIFORM BUSINESS REPORT (UBR)

0002098 AV

DOCUMENT # A94000001630
1. Entity Name
 MINNIX, LTD.

FILED
 2002 FEB 25 PM 3:25
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
 7485 S.W. 122ND STREET PO BOX 127
 MIAMI FL 33156 OCOEE TN 37361

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 65-0536971 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MINNIX, WILLIAM H
 7485 S.W. 122ND STREET
 MIAMI FL 33156

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,000,000.00 **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 #	P94000010546	STREET ADDRESS	
NAME	MINNIX NURSERY, INC.	CITY-ST-ZIP	
STREET ADDRESS	7485 S.W. 122ND STREET		
CITY-ST-ZIP	MIAMI FL 33156		
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NAME		CITY-ST-ZIP	
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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: W.H. Minnix (W.H. Minnix) 2/14/01 503 781 1474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)