

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001818**

1. Entity Name  
**TALTON FAMILY LIMITED PARTNERSHIP, LTD.**



**FILED**

03 MAY 29 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1500 ANCHOR COURT  
ORLANDO FL 32804**

Mailing Address  
**1500 ANCHOR COURT  
ORLANDO FL 32804**

2. Principal Place of Business

**1500 Anchor Court**

Suite, Apt. #, etc.

3. Mailing Address

**Marya Medlock**

Suite, Apt. #, etc.

**1500 Anchor Ct**

City & State

**Orlando FL**

City & State

**Orlando FL**

Zip

**32804**

Country

**USA**

Zip

**32804**

Country

**USA**

**DUE BY MAY 1, 2003**

4. FEI Number **59-3305454**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MEDLOCK, MARYA  
1500 ANCHOR COURT  
ORLANDO FL 32804**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$1,039,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # **P00000002208**  
NAME **TALTON MANAGEMENT, INC.**  
STREET ADDRESS **1500 ANCHOR COURT**  
CITY-ST-ZIP **ORLANDO FL 32804**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

**Marya Medlock**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**5/13/03**

Date

**(407) 290-6716**

Daytime Phone #

CP2E003 (10/02)

0008345 AT

STAPLE CHECK HERE