

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018185 AB

DOCUMENT # A95000000049		
1. Entity Name THE BOYETT-FAMILY LIMITED PARTNERSHIP		

FILED
03 MAR 26 PM 12:42

Principal Place of Business 7826 PINE FOREST ROAD APT. B-13 PENSACOLA FL 32526	Mailing Address 101 BROWNSTONE GALLATIN TN 37066
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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, 2003

4. FEI Number 62-1596298	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BOYETT, ANN W 7826 PINE FOREST ROAD APT. B-13 PENSACOLA FL 32526	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	BOYETT, ANN W	STREET ADDRESS	
NAME	7830 PINE FOREST RD., APT. C-13	CITY-ST-ZIP	
STREET ADDRESS	PENSACOLA FL 32526		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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 <i>Jennifer Stamps, P.O.A. for Ann W. Boyett</i>		Date 3/14/03	Daytime Phone # 615-452-9650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

CR2E003 (10/02)

STAPLE CHECK HERE