2002 UNIFORM BUSINESS REPORT (UBR)

000138888 AT

DOCUMENT # A95000000063

1. Entity Name

DEGUZMAN FAMILY LIMITED PARTNERSHIP

FILED

02 AUG -5 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business	Mailing Address
3502 PERRY AVE. TAMPA FL 33603	3502 PERRY AVE. TAMPA FL 33603

85

DUE BY SEPTEMBER 25, 2002

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

4. FEI Number 59-3296363 ☐ 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
DE GUZMAN, BARNEY 3502 PERRY STREET TAMPA FL 33603 NOTE CHANGE OF ADDRESS	Name Jeanette Y. Valenti Street Address (P.O. Box Number is Not Acceptable) 1660 Magnolia Drive City Clearwater FL Zip Code 33756

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 Jeanette Y. Valenti 7/9/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,792,102.00		

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 #		STREET ADDRESS	
NAME	DEGUZMAN, BARNY J	CITY-ST-ZIP	
STREET ADDRESS	3502 PERRY ST.		
CITY-ST-ZIP	TAMPA FL 33603		
DOCUMENT #		STREET ADDRESS	500000695054 15--9 08/06/02--01064--016 ****926.25 ****926.25
NAME	DEGUZMAN, MARY	CITY-ST-ZIP	
STREET ADDRESS	3502 PERRY ST.		
CITY-ST-ZIP	TAMPA FL 33603		
DOCUMENT #		STREET ADDRESS	600006954496--7 08/07/02--01076--016 ****926.25 ****926.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (4/02)

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.

See Enclosed CERTIFICATE OF AMENDMENT 7/9/02

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #