2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000374

1. Entity Name

ROCHE FAMILY PARTNERSHIP, LTD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5210 South Orange Ave.	5210 South Orange Ave
ORLANDO, FL. 32809	Orlando, FL. 32809

2. Principal Place of Business	3. Mailing Address
1414 MAIN STREET	1414 MAIN STREET
Suite, Apt. #, etc.: Suite 4	Suite, Apt. #, etc.: Suite 4
City & State: Chipley, FLORIDA	City & State: Chipley, FLORIDA
Zip: 32428 / Country: USA	Zip: 32428 / Country: USA

4. FEI Number: 59-3327484 — 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
Roche, Sidney J.	Name: Roche, Sidney J.
5210 South Orange Ave.	Street Address (P.O. Box Number is Not Acceptable): 1414 MAIN STREET
ORLANDO, FL. 32809	Suite 4
	City: Chipley FL Zip Code: 32428

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: Sidney J. Roche (Sidney J. Roche G.P) 4/23/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record: 1,000

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 #		STREET ADDRESS	1414 MAIN STREET, Suite 4
NAME	Roche, Sidney J.	CITY-ST-ZIP	Chipley, FLORIDA 32428
STREET ADDRESS	5210 South ORANGE AVE		
CITY-ST-ZIP	ORLANDO, FL. 32809		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100003256531---8
STREET ADDRESS			-05/18/00--01006--030
CITY-ST-ZIP			******8.75 ******8.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100003256531---8
NAME			-05/18/00--01006--031
STREET ADDRESS		CITY-ST-ZIP	****141.25 ****141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: Sidney J. Roche (Sidney J. Roche) 4/23/00 850/638-3434

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