2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500001452 1. Entity Name						
THE SCALES LIMITED PARTNERSHIP					FILED A	
Principal Place of Business Mailing Address						01 APR -4 AM 10-46
2723 E. HOLLY POINT ROAD ORANGE PARK FL 32073 2723 E. HOLLY POINT ROAD ORANGE PARK FL 32073				AD		SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Place of Business 3. Mailing Add				ailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State			City & State			4. FEI Number 59-3346519 Applied For Not Applicable
Zip	- Country		-Zip 	Coun	itry	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 Name	
SCALES, DAVID F						(P.O. Box Number is Not Acceptable)
2723 E. HOLLY POINT ROAD						
ORANGE PARK FL 32073					City	⊏I Zip Code
					City	FL)
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 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. \$1,000,000-00 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.					, an amondmen	ADDRESS CHANGES ONLY
DOCUMENT # NAME	P95000070	0844 S FARMS, INC.	STRE		ET ADDRESS	,
STREET ADDRESS CITY-ST-ZIP	2723 E. H	OLLY POINT ROAD PARK FL 32073		CITY	-ST-ZIP	
DOCUMENT # NAME				STRE	ET ADDRESS	·
STREET ADDRESS CITY-ST-ZIP			شاعدر	-	-ST-ZIP	2000039936024
DOCUMENT #		. •	المهمة والمتعلقية والمتهدين	STRE	ET ADDRESS	****526.25 *****526.25
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	
DOCUMENT # NAME				ŞTRE	ET ADDRESS	Pinton
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	·
DOCUMENT # NAME			•	STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			•	CITY	-ST-ZIP	,
DOCUMENT # NAME #				STRE	ET ADDRESS	
CHY-SI-ZIP				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: SIGNATURE AND THE DAY OF SIGNING GENERAL PARTNER SIGNATURE AND THE AND THE DAY OF SIGNING GENERAL PARTNER Day time Phone #						