2004 **LIMITED PARTNERSHIP**
UNIFORM BUSINESS REPORT (UBR)

FILED
2004 JAN -2 AM 9:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000005

1. Entity Name
CRR Family Limited Partnership

300025562533
12/17/03--01061--020 **525.25

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
986 Douglas Ave.	986 Douglas Ave
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32714 Country USA	Zip 32714 Country USA

DUE BY MAY 1

4. FEI Number 59-3447786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Charles H. Stark

Street Address (P.O. Box Number is Not Acceptable): 986 Douglas Avenue
Suite 100

City: Altamonte Springs FL Zip Code: 43714

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] DATE: 12/1/03
(Signature, typed or printed name of registered agent and title if applicable)

9. Capital Contributions as Shown on record.

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 #	
NAME	Robinson, Carl R.
STREET ADDRESS	985 Ninth Avenue, SW, Suite 307
CITY-ST-ZIP	Bessemer, AL 35023
DOCUMENT #	
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CR2E003B (12/02)

STAPLE CHECK HERE

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: Carl R Robinson 12/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #