2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600000469 1. Entity Name							FILED			
1. Entity Name MCGEHEE REALTY OF MIAMI, LTD.						02 MAY 20 PM 2: 37				
						-	SECRETARY	OF STA	ΤE	
Principal Plac		S	Mailing Address			SECRETARY OF STATE TALLAHASSEE. FLORIDA				
3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207					· · · · · · · · · · · · · · · · · · ·					
Without it seed.										
2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002				
City & State			City & State			4. FEI Number	59-3365126		Applied For Not Applicable	
Zip	Country		Zip	<u> </u>		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current F	Registered Agent	7. Name and Address of New Registered Agent						
MCGEHEE, F. SUTTON JR.										
	LLIPS HIGH				Street Address (P.O. Box Number is Not Acceptable)					
•	WILLE FL :									
_					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.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.										
9. Capital Contributions as Shown on record. \$400,000.00 10. Amount of Capital Contributions in FLORIDA to date.							11. MAKE CHECK PAY SEE REVERSE SID	E FOR FEE		
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			ADDRESS CHANGES ONLY					
DOCUMENT #	340991	DEALTY COMPANY		STREET ADDRESS						
NAME STREET ADDRESS		REALTY COMPANY LLIPS HIGHWAY								
CITY-ST-ZIP		VILLE FL 32207		CITY	'-ST-Z P				,	
DOCUMENT #				STRI	EET ADDRESS					
NAME STREET ADDRESS				CITY	'-ST-ZIP	90	000569	279	90	
CITY-ST-ZIP							-06/05/0201061007			
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CITY-ST-ZIP			· · ·	CITY	'-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP					
14. I hereby certify that the information supplied with this filling 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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ASLAW ROLL Date Destine Phone #										