

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000791

1. Entity Name
MCDANIEL FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -4 PM 1:33

Principal Place of Business
9252 SAN JOSE BLVD., NO. 701
JACKSONVILLE FL 32257

Mailing Address
9252 SAN JOSE BLVD., NO. 701
JACKSONVILLE FL 32257-5577



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-7072618		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		Additional Fee Required	
Jacksonville, FL		Jacksonville, FL		<input type="checkbox"/>		\$8.75	
Zip	Country	Zip	Country				
32257	USA						

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRANT, MOORE, MACDONALD & WELLS, P.A. 50 N. LAURA STREET, SUITE 3100 JACKSONVILLE FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) 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.		(NOTE: Registered Agent signature required when reinstating)		DATE	
9. Capital Contributions as Shown on record. \$525,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$525,000.00		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 #	P96000034407	STREET ADDRESS	400003288714-9
NAME	R. L. MCDANIEL ENTERPRISES, INC.	CITY - ST - ZIP	-06/14/00--01054--023
STREET ADDRESS	9252 SAN JOSE BLVD., NO. 701		***526.25 ***526.25
CITY - ST - ZIP	JACKSONVILLE FL 32257		
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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: Helen B. McDaniel 4/26/00 (904) 636-8932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
Helen B. McDaniel

CR2E003 (9/99)