## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

## A96000001490 **DOCUMENT #**

Entity Name
 COUNCIL LIMITED PARTNERSHIP



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SECNET ARY OF STATE
SECNETARY OF STATE TAILAHASSEE, FLORIDA

<del></del>						<u> </u>
- Principal Place of Business 5767 LAFRANCE ROAD 5767 LAFRANCE ROAD TALLAHASSEE FL 32310-9109 TALLAHASSEE FL 32310-9109				9108		O3 JAM - 5 F  SEGNET AFY OF STATE  TAI LAHASSEE, FLORIDA
Principal Place of Business     3. Malling Address						— LIBBION ITID ITID ONE CONTROL ETIK BEHA ETAN BERAL ETIK BENA ETI
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2003
City & State			City & State			4. FEI Number 59-3398958 Applied For Not Applicable
Zip	Zip Country Zip			Count	ry	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Cur	rent Regis	tered Agent			7. Name and Address of New Registered Agent.
001 111011					Name	
COUNCIL	., EDMOND C SR. /			[		
.5767 LAF	RANCE ROAD				Street Address	s (P.O. Box Number is Not Acceptable)
TALLAHA	SSEE FL 32310-9108					
				1		E and a series
				İ	City	11 /00 code
					•	01.03/0301@ <b>FF</b> TW. <b>4</b> 58
8. The above the obliga	e named entity submits this stateme tions of registered agent.	nt for the p	ourpose of changing its	registere	d office or registe	tered agent, or both, in the State of Florida. i am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered a	agent and title i	applicable.			DATE
9. Capital Contributions as Shown on record. \$850,000.00 10. Amount of Capital in FLORIDA to date				ate.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTNE NOTE: General Partners	R THAT	IS A BUSINESS EN T be changed on th	TITY MU	JST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12.	GENERAL PART			13.		ADDRESS CHANGES ONLY
DOCUMENT #				1		
NAME	COUNCIL, EDMOND C SR.			STREE	T ADDRESS Z	5767 LAFRANCE ROAD
STREET ADDRESS	5767 LAFRANCE ROAD		•			TO I CAT MAINCE COAD
CITY-ST-ZIP	TALLAHASSEE FL 32310-910	3		CITY-	ST-ZIP 7	TALLAHASSFE, FL 32305-
DOCUMENT # NAME	COUNCIL, WINNIE P			STREE	T ADDRESS	(Same) 9108
STREET ADDRESS CITY-ST-ZIP	5767 LAFRANCE ROAD TALLAHASSEE FL 32310-910	3		CITY-S	ST-ZIP	
DOCUMENT # NAME	•	-		STREE	T ADDRESS	•
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP	
DOCUMENT #				STREET	T ADDRESS	
NAME STREET ASSESSES						
STREET ADDRESS				CITY-S	ST-7IP	<i>✓</i> .
CITY-ST-ZIP						
DOCUMENT <b>#</b> NAME				STREET	ADDRESS	AL
STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP	
DOCUMENT #			- M	1-		
NAME				STREET	ADDRESS	
STREET ADDRESS	•				<b>├</b>	
CITY-ST-ZIP				CITY-S	T-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:

CITY-ST-ZIP

CR2E003 (10/02)