2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001505

1. Entity Name

THE V. RAYMOND HULLINGER FAMILY LIMITED PARTNERS

FILED
00 JAN 10 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
535 13TH STREET WEST BRADENTON FL 34205	535 13TH STREET WEST BRADENTON FL 34205-7418

2. Principal Place of Business		3. Mailing Address	
Hullinger, V.R.		Hullinger, V. R	
Suite, Apt. #, etc.: 5003 Commonwealth		Suite, Apt. #, etc.: 5003 Commonwealth - Bay Colony	
City & State: Palmetto, Fla.		City & State: Palmetto, Fla	
Zip: 34221	Country: Manatee	Zip: 34221	Country: Manatee

4. FEI Number 65-0696293 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HULLINGER, V. RAYMOND
5003 COMMONWEALTH, BAY COLONY
PALMETTO FL 34221

7. Name and Address of New Registered Agent

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 V.R. Hullinger
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. $1,240,349.42	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.	ADDRESS CHANGES ONLY
DOCUMENT #	G06280	STREET ADDRESS	300003099323--6
NAME	WAGON WHEEL 88 RANCH, INC.		-01/14/00--01104--020
STREET ADDRESS	535 13TH STREET WEST	CITY-ST-ZIP	****526.25 ****526.25
CITY-ST-ZIP	BRADENTON FL 34205		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-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: V.R. Hullinger / V. R. Hullinger — SIGNATURE REQUIRED 1-6-2000 722-7598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #