

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002013**

1. Entity Name

THE F. ALAN SMITH FAMILY LIMITED PARTNERSHIP

FILED

01 JUL -6 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 674 FRANKLYN AVENUE INDIALANTIC FL 32903	Mailing Address 674 FRANKLYN AVENUE INDIALANTIC FL 32903
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY SEPTEMBER 26, 2001

City & State	City & State	4. FEI Number 65-0707472	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SMITH, F. ALAN
674 FRANKLYN AVENUE
INDIALANTIC FL 32903**

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 _____
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. **\$300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **300,000**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SMITH, F. ALAN 674 FRANKLYN AVENUE INDIALANTIC FL 32903
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SMITH, JANET D 674 FRANKLYN AVENUE INDIALANTIC FL 32903
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	200004488552--1 -07/20/01--0113--018 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/3/01 321-728-8059
Date Daytime Phone #

0001-3 11

CR2E003 (5/01)

STAPLE CHECK HERE

674 Franklyn Ave.
Judicantia FL 32903
July 2, 2001

Florida Dept. of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314-6327

Dear Sirs:

Enclosed is my 2001 UBR and
check for \$526.25. I do not believe
I should be required to pay the \$400
late fee because I never received the
original notice earlier in the year. I
see every piece of mail sent to this
house and it never came here.

Thank you.

Very truly yours,
F. Alan Smith

Please put me on the mailing list
for timely payment next year.