


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009657 AT

DOCUMENT # A96000002013

1. Entity Name
THE F. ALAN SMITH FAMILY LIMITED PARTNERSHIP



FILED

03 APR 24 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**674 FRANKLYN AVENUE
INDIALANTIC FL 32903**

Mailing Address
**674 FRANKLYN AVENUE
INDIALANTIC FL 32903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-0707472**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$300,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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, CHRISTOPHER A 674 FRANKLYN AVENUE INDIALANTIC FL 32903
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (10/02)

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: *F. Alan Smith* **F. ALAN SMITH** 4/14/03 321 228-8059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #