2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _/

2002 UNIFORM BUSINESS REPORT (UBR)								APPROVE				
DOCUMENT # A9600002078 1. Entity Name								FILED				
YECKES FAMILY LIMITED PARTNERSHIP #1, LTD.								02 APR 16 AM 8: 48				
Principal Place of Business Mailing Address 342 EAGLE DRIVE 342 EAGLE DRIVE							SEGRETARY OF STATE FAELAHASSEE, FLORIDA					
					JUPITER FL 33477							
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY	MAY 1, 200	2		
City & State				City & State			4. FEI Number			Applied For Not Applicable		
Zip	ip Country		Zip	Zip Coun		•	5. Certificate of	f Status Desired	\$	8.75 Additional ee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
YECKES, JOYCE 342 EAGLE DRIVE							Street Address (P.O. Box Number is Not Acceptable)					
JUPITER FL 33477												
						City	City FL Zip Code					
8. The above	named entit	y submits	this statement for	the purpose of cl	hanging its re	gistered office	or register	ed agent, or both	, in the State of Flo	orida.	<u> </u>	
SIGNATURE .	Signature typed	or printed na	ne of registered agent a	nd title if applicable						DATE		
9. Capital Contributions as Shown on record. \$1,500,000.00 10. Amount of Capital Contributions in FLORIDA to date.							11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
	A C NOTE:	ENERA Genera	L PARTNER T	HAT IS A BUSI Y NOT be chan	NESS ENTI	TY MUST BI form; an an	E REGIST	TERED AND A	CTIVE WITH TH	IS OFFICE. eneral parti	ner.	
12. GENERAL PARTNER INFORMATION						13.		ADDRESS CHANGES ONLY				
DOCUMENT # NAME STREET ADDRESS	YECKES, JOYCE 342 EAGLE DRIVE JUPITER FL 33477					STREET ADDRESS						
CITY-ST-ZIP DOCUMENT #						CITY-ST-ZIP						
NAME STREET ADDRESS						STREET ADDRESS	·					
CITY-ST-ZIP DOCUMENT	<u>-</u>	<u></u>		# ====================================		CITY-ST-ZIP	-7/8/1					
NAME Street address						STREET ADDRESS City-St-Zip		<u> </u>	-04/2 ****	5762 <u>-5</u> 0 526.25	0599 1018010 ****526.25	
DOCUMENT #						STREET ADDRESS	;		, ,			
NAME Street Address City-St-Zip						CITY-ST-ZIP						
DOCUMENT / NAME		•				STREET ADDRESS						
STREET ADDRESS City-St-Zip						CITY-ST-ZIP						
DOCUMENT # NAME						STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP						C!TY-ST-ZIP						
14. I hereby of indicated	certify that the	informati t is true ai	on supplied with t nd accurate and t	his filing does not nat my signature :	t qualify for the shall have the	e exemption st same legal ef	ated in Ser ect as if m	ction 119.07(3)(i), ade under oath; t	Florida Statutes. I hat I am a Genera	further certify Partner of th	that the information e limited partnership or	