2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

## A96000002247 DOCUMENT # 1. Entity Name LANDRUM FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 6723 PLANTATION RD. 6723 PLANTATION RD. PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number 59-3421930 City & State Applied For arola Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANDRUM, H. BRITTON JR. Street Address (P.O. Box Number is Not Acceptable) 4050 BEDEVERE DRIVE PENSACOLA FL 32504 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$823,200.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS Landrum, H. Britton Jr. NAME 900013728969 4050 BEDEVERE DRIVE STREET ADDRESS 03/10/03--01061--014 \*\*526.25 CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32504 DOCUMENT 4 STREET ADDRESS NAME LANDRUM, ELIZABETH NELL D STREET ADDRESS 4050 BEDEVERE DRIVE CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32504 DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP M THOMAS 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 regarded by Chapter 620, Florida Statutes

H.Britton Landnum Jr

CROFING /10/ng