

# 2003 LIMITED PARTNERSHIP UNIFORM-BUSINESS REPORT (UBR)

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**FILED**  
03 FEB -4 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A96000002258**

1. Entity Name  
**CREWS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**900 CAMPBELL AVENUE  
LAKE WALES FL 33853**

Mailing Address  
**900 CAMPBELL AVENUE  
LAKE WALES FL 33853**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3415114**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MYERS, CORNEAL B  
130 E. CENTRAL AVENUE  
LAKE WALES FL 33853**

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. **\$10,249,813.00**

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.**

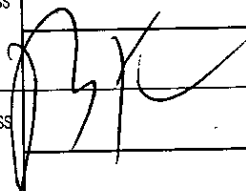
12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>CREWS-LINTON, JAYNE S</b>	<b>900 CAMPBELL AVENUE</b>	<b>LAKE WALES FL 33853</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>CREWS-LINTON, JAYNE S TRUSTEE</b>	<b>900 CAMPBELL AVENUE</b>	<b>LAKE WALES FL 33853</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>CREWS, SCOTT C TRUSTEE</b>	<b>121 ROSEARDEN DR</b>	<b>ORLANDO FL 32803</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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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:** Jayne S. Crews-Linton **1-28-03** **863-676-2854**

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

STAPLE CHECK HERE

CR2E003 (10/02)