

2001 UNIFORM BUSINESS REPORT (UBR)

0011226 AF

DOCUMENT # A96000002277

1. Entity Name

STEVENSON FAMILY LIMITED PARTNERSHIP


Principal Place of Business	Mailing Address
5026 KESTRAL PKWY S SARASOTA FL 34231	5026 KESTRAL PKWY S SARASOTA FL 34231

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

01 MAR -5 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent						
STEVENSON, LEE.. 4 WEST OAK STREET, SUITE E ARCADIA FL 33821	<table border="1"> <tr> <td>Name</td> <td>Bayne Stevenson</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td>3521 Shore Lane</td> </tr> <tr> <td>City</td> <td>Boca Grande FL 33921</td> </tr> </table>	Name	Bayne Stevenson	Street Address (P.O. Box Number is Not Acceptable)	3521 Shore Lane	City	Boca Grande FL 33921
Name	Bayne Stevenson						
Street Address (P.O. Box Number is Not Acceptable)	3521 Shore Lane						
City	Boca Grande FL 33921						

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 Lee Stevenson, **DATE** 2/28/01

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
\$607,000.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000099947	STREET ADDRESS	
NAME	N. B. TURNER ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	4 WEST OAK STREET, SUITE E		
CITY-ST-ZIP	ARCADIA FL 33821		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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:  **DATE** 1/26/01 **Daytime Phone #** 941-922-0019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)