2002 UNIFORM BUSINESS REPORT (UBR)					R)	APPROVEL	
DOCUMENT # 49600002498						AND FILED	
THE WILLIAMS FAMILY PARTNERSHIP, LTD.						02 APR 17 PM 12: 05	
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
% RICHARD I 8600 S. OCEJ JENSEN BEAG	AN DR., #301	% RICHARD H. WILLIAMS 8600 S. OCEAN DR., #301 JENSEN BEACH FL 34957					
	Place of Business MEDINAH LANE	3. Mailing Address	Mailing Address			# 1881/811 FEED TETHE BINKS BERKS BENKS BENKS BENKS BENKE STEAK STEAK FOREK FEEK FREK	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Î	DUE BY MAY 1, 2002	
City & State STVART FL		City & State 5AW	City & State SAME			4. FEI Number 65-0718409 Applied For Not Applicable	
Zip 349	297 USA	Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent	
WHITE, CHARLES R. L ESQ				Name			
725 NORTH A1A, SUITE E-102				=Street Address (P.O. Box Number is Not Acceptable)			
JUPITER FL 33477					-		
				City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its register					registere		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						DATE DATE	
9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital in FLORIDA to date				utions	ons 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the				JST BE I	REGISTE	ERED AND ACTIVE WITH THIS OFFICE.	
12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY		
DOCUMENT # NAME	WILLIAMS, RICHARD H		STREET A		60	71 MEDINAH LANE	
STREET ADDRESS CITY-ST-ZIP	8600 S. OCEAN DR., #301 JENSEN BEACH FL 34957		CITY-	ST-ZIP			
DOCUMENT # NAME	WILLIAMS, MARLISE			T ADDRESS	60	71 MEDINAH LANE	
STREET ADDRESS CITY-ST-ZIP	8600 S. OCEAN DR., #301 JENSEN BEACH FL 34957		CITY-	\$T-ZIP	S	TUART FL 34997 TUART FL 34997	
DOCUMENT #			STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP			
DOCUMENT# NAME			STREE	T ADDRESS		200905312262-6	
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP		*****141.25 *****141.25	
DOCUMENT #			STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP			
DOCUMENT #	-		STREET	T ADDRESS			
STREET ADDRESS			01707 6	, ₇₁₀			

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 Infattry signature signature of the sign

CITY-ST-ZIP

CITY-ST-ZIP