

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002526
 1. Entity Name
THE PAUL C. MYERS FAMILY LIMITED PARTNERSHIP

APPROVED AND FILED
 02 JUN 11 AM 10:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
**1242 EAGLE AVENUE, EAST
 EAGLE LAKE FL 33839**

Mailing Address
**P.O. BOX 1437
 EAGLE LAKE FL 33839**

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3487853**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**MYERS, PAUL C
 1242 EAGLE AVENUE, EAST
 EAGLE LAKE FL 33839**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$450,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A 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	MYERS, PAUL C 1242 EAGLE AVENUE, EAST EAGLE LAKE FL 33839
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MYERS, LINDA W 1242 EAGLE AVENUE, EAST EAGLE LAKE FL 33839
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	5.00005764035--6 -06/13/02--01003--013 ****335.00 ****335.00
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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: *Linda W Myers* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **May 23, 2002**

STAPLE CHECK HERE

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 CR2E003 (9/01)