2002 UNIFORM BUSINESS REPORT (UBR)
------------------------------------

SIGNATURE: Kay Dates Of

DOCU	MENT # A9700000020		\$	
SARAH M. DAVIS FAMILY LIMITED PARTNERSHIP			SECRETARY OF STATE TALLAHASSEE, FLORIDA	2
·	ce of Business Mailing Address  PAC AVENUE P.O. BOX 460  FL 80958 AVON PARK FL 33826		O2 APR II	
2. Principal F	Place of Business 3. Mailing Address	/ 0		
Suite, Apt.		0 ما۔	DUE BY MAY 1, 2002	$\neg$
City & Stat		Fla	4. FEI Number 65-0714442 Applied For	
Zip 338	Country   Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	iple
02	6. Name and Address of Current Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	$\dashv$
· ·	CORNEAL B ENTRAL AVENUE	Name A V	DAVIS HERUDON (P.O. Box Number is Not Acceptable)	
LAKE WA	LES FL 33853	ZID8		
A TI 1		HVDN	1 176 - 1 77 825	
SIGNATURE	named entity submits this statement for the purpose of changing its  Hay Davis Handar Par  Signature Type It or printed name of registered agent and title if applicable.	registered office or registe	ered agent, or both, in the State of Florida.  Apr - 9 - 0 ≥  DATE	
9. Capital Co as Shown			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER THAT IS A BUSINESS EN	TITY MUST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE.	
12.	NOTE: General Partners MAY NOT be changed on the	e form; an amendmen	ADDRESS CHANGES ONLY	
DOCUMENT #	611383		ADDRESS CHANGES CIVET	ᅴᇎ
NAME Street address	D. M. D. GROVES, INC. 1139 LAKE REEDY BLVD., SOUTH	STREET ADDRESS	·	R2E003 (9/01)
DOCUMENT #	FROSTPROOF FL 33853-3384	STREET ADDRESS	<b>7000052826974</b> -04/16/0201060012	CRZE(
NAME STREET ADDRESS CITY-ST-ZIP	KENNETH, DAVIS A TRUSTEE 116 MAXCY LANE FROSTPROOF FL 33843	CITY-ST-ZIP	****526,25 /*** <b>*526.</b> 25 <b>AL</b> / /	$\dashv$
DOCUMENT ≱ NAME	DAVIS HERNDON, KATHERINE TRUSTEE	STREET ADDRESS	/	<u>-</u>
STREET ADDRESS CITY-ST-ZIP	2108 MORNINGSIDE ROAD AVON PARK FL 33825	CITY-ST-ZIP		
DOCUMENT # NAME	<u>/</u>	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		C!TY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENTA NAME		STREET ADDRESS		
STREET AZDRESS City-St-Zip		CITY-ST-ZIP		
indicated	ertify that the information supplied with this filing does not qualify for too this report is true and accurate and that my signature shall have the or trustee empowered to execute this report as required by Chapte	ne same legal effect as if m	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership	or

RELECKAR BAUL HERNDON