2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700000189							APPROVE. AND FILED		
1. Entity Na				And the second			r II., T. L	,	
JULIE WALKER LIMITED PARTNERSHIP							02 APR 26 PM 1:31 SECRETARY OF STATE FAULAHASSEE, FLORIDA		
Principal Place of Business Mailing Address					··		FALLAHASSEE	FLORIDA	
13219 COUNTRY CLUB DRIVE 13219 COUNTRY CLUB TAVARES FL 32778-9485 TAVARES FL 32778-948									
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Principal Place of Business 3. Mailing Address				Iress	İ		i 1818 (11(1) 1891) 88(1) 11(1) 98(1) 8	anis Batil Asia t N iadi (B ti a 1914 N ia	
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.				DIE BY MAY 1 2002		
			City & State			4. FEI Number APPLIANCE Applied For			
Zip	· · ·	Country					NOT APPLICABLE Applied For Not Applicab		
	Country		Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name an	d Address of Curren	Registered Agent		Name	7. Name and	Address of New Register		
WALKER, JULIE S									
13219 COUNTRY CLUB DRIVE					Street Address (P.O. Bo		D. Box Number is Not Acceptable)		
TAVARES	S FL 32778-948	35							
					011			Zip Code	
					City		F	L Zip code	
3. The above	a named entity su	ubmits this statement for	or the purpose of ch	nanging its register	<u> </u>	stered agent, or both	n, in the State of Florida.	L Zip Gode	
				nanging its registere	<u> </u>	stered agent, or both	=	L Zip oode	
SIGNATURE .	Signature, typed or pr	rinted name of registered agent	and title if applicable.		ed office or regis	stered agent, or both	n, in the State of Florida.	E	
3. The above SIGNATURE. 9. Capital Co as Shown	Signature, typed or pr Ontributions On record.	\$311,850.00	and title if applicable. 10. Amous in FLC	nt of Capital Contrib	ed office or regis		DAT 11. MAKE CHECK PAYA SEE REVERSE SIDE	BLE TO DEPT. OF STATE	
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COUMENT # AME TREET ADDRESS ITY-ST-ZIP	Signature, typed or proportributions on record. A GEN NOTE: Gi	\$311,850.00 SERAL PARTNER CHERAL PARTNER GENERAL PARTNER LIE S ITRY CLUB DRIVE	and title if applicable. 10. Amous in FLC FHAT IS A BUSII AY NOT be chan-	nt of Capital Contril RIDA to date. NESS ENTITY M ged on the form 13.	butions UST BE REG	ISTERED AND A	11. MAKE CHECK PAYA SEE REVERSE SIDE CTIVE WITH THIS OFF	BLE TO DEPT. OF STATE FOR FEE INFORMATION ICE. partner.	
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afril 22-2002 352-742-2960
Date Davime Phone #