2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY -2 PM 6:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A97000000381

1. Entity Name
SHELDEN AND MYRNA TAXER FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
7722 SLOANE GARDESN UNIVERSITY PARK, FL 34201	7722 SLOANE GARDESN UNIVERSITY PARK, FL 34201

2. Principal Place of Business	3. Mailing Address
7722 SLOANE GARDENS Suite, Apt. #, etc.	7722 SLOANE GARDENS Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

Date Entered 05/02/2003

4. FEI Number 65-0766871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAXER, SHELDEN 7722 SLOANE GARDESN UNIVERSITY PARK, FL 34201	Name Street Address (P.O. Box Number is Not Acceptable) 7722 SLOANE GARDENS 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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,411,234.00	$ 1,411,234.00	

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 #		STREET ADDRESS	7722 SLOANE GARDENS
NAME	TAXER, SHELDEN	CITY-ST-ZIP	
STREET ADDRESS	7722 SLOANE GARDESN		
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201		
DOCUMENT #		STREET ADDRESS	7722 SLOANE GARDENS
NAME	TAXER, MYRNA	CITY-ST-ZIP	
STREET ADDRESS	7722 SLOANE GARDESN		
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201		
DOCUMENT #		STREET ADDRESS	400017917104
NAME			05/02/03--01118--013 **526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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: X _____ 4/14/03 941.359 6587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #