## 2002 UNIFORM BUSINESS REPORT (UBR)

## A9700000476 DOCUMENT # FILED 1. Entity Name PIERCY EQUITY INVESTMENTS, LTD. 02 APR 26 PM 1:46 Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address C/O PURCELL, FLANAGAN & HAY, P.A. C/O PURCELL, FLANAGAN & HAY, P.A. 1548 LANCASTER TERRACE 1548 LANCASTER TERRACE JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-3435382 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLANAGAN, TIMOTHY L ESQ. Street Address (P.O. Box Number is Not Acceptable) **1548 LANCASTER TERRACE** JACKSONVILLE FL 32204 City 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$15,000,000.00 11. MAKE CHECK PAYABLE TO DEPT, OF STATE as Shown on record. in FLORIDA to date. \$6,925,036 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS PIERCY, JANET R NAME 79 PONTE VEDRA BOULEVARD STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 800005450028 -05/03/02--01053--<u>02</u>4 DOCUMENT # STREET ADDRESS \*\*\*\*526.25 NAME MCCARTHY, SUSAN P STREET ADDRESS 1691 CHATHAM AVENUE CITY-ST-ZIP CITY-ST-ZIP ARDEN HILLS MN 55112 DOCUMENT # STREET ADDRESS MURRAY, NANCY P STREET ADDRESS 275 PROVIDENCE ROAD CITY-ST-ZIP CITY-ST-ZIP ELKTON MD 21921 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

(10/6)