2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000951

1. Entity Name
STOEHR FAMILY LIMITED PARTNERSHIP

FILED
03 MAY -6 PM 7:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business	Mailing Address
~~3362 LAKEVIEW DRIVE~~ ~~NAPLES, FL 34112~~	~~3362 LAKEVIEW DRIVE~~ ~~NAPLES, FL 34112~~

2. Principal Place of Business	3. Mailing Address
119 NAPA RIDGE WAY	119 NAPA RIDGE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FLORIDA	City & State: NAPLES, FLORIDA
Zip: 34119 Country	Zip: 34119 Country

DUE BY MAY 1, 2003

4. FEI Number: 59-3443287 ☐ 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
GOODMAN, KENNETH D 3838 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34103	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. 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
$1,500,000.00		

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	119 NAPA RIDGE WAY
NAME	MILLIGAN, DIEDRE	CITY-ST-ZIP	NAPLES, FLORIDA 34119
STREET ADDRESS	~~3362 LAKEVIEW DR.~~		
CITY-ST-ZIP	~~NAPLES, FL 34112~~		
DOCUMENT #		STREET ADDRESS	
NAME	CHESLEY, RHONDA	CITY-ST-ZIP	
STREET ADDRESS	3056 DURHAM ROAD		
CITY-ST-ZIP	BUCKINGHAM, PA 18912		
DOCUMENT #		STREET ADDRESS	100018294141 05/06/03--01060--003 **526.25
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Diedre Milligan 3/12/03 (239)732-4623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

DIEDRE MILLIGAN