2002 UNIFORM BUSINESS REPORT DOCUMENT # A9700000 \$418					APRROVEU AND FIEED		
CHARLES A. DEVANE FAMILY LIMITED PARTNERSHIP, LT D.					02 AL	02 AUG 20 AM 10: 10	
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Principal Place of Business 3306 MCFARLANE AVENUE LAKE CITY FL 32025		Mailing Address			SECRETARY OF STATE FAUTAHASSEE, FEORIDA		
		3306 MCFARLANE A LAKE CITY FL 3202					
2. Principal Place of I	Puningan	3. Mailing Address					
Suite_Apt_#_etc		Suite Apt #reto			1 1001011 10111 10111 10111 10111 10111 10111		11911 81881 11881 1811 (80)
					DUE BY SEPTEMBER 25, 2002		
City & State		City & State			4. FEI Number 59-3504507		Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired		3.75 Additional e Required
6. N	lame and Address of Cu	rrent Registered Agent	*	- Name ~~	7. Name and Address of New F	Registered Age	ent
	onting submits this statem			City		FL	Zip Code
		ent for the purpose of chang	ging its register	red office or register	red agent, or both, in the State of Flo		nillar with, and accep
SIGNATURE	egistered agent.		ging Its register	red office or register	red agent, or both, in the State of Fid		niliar with, and accep
SIGNATURE	egistered agent. typed or printed name of registered. ns. 41.400.107.00	agent and title if applicable. 10. Amount of	ging its register f Capital Contri A to date.		11. MAKE CHEC	DATE	niliar with, and accep D DEPT. OF STATE
SIGNATURE Signature. 9. Capital Contributio as Shown on record	egistered agent. typed or printed name of registered ns d. \$1,196,197.00 A GENERAL PARTN.	o agent and title if applicable. 10. Amount of in FLORID	of Capital Contri	ibutions	11. MAKE CHEC SEE REVER TERED AND ACTIVE WITH TH	DATE CK PAYABLE TO SE SIDE FOR I	O DEPT. OF STATE FEE INFORMATION
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City-St-Zip

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

CITY-ST-ZIP

SIGNATURE:

July 29 2002 904-755-4219