	2002	UNIFORM	BUSINESS	REPORT	(UBR)
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2002	2 UNIFORM BU	SINESS REPO)RT (U	JBR)		APPRI			
DOCUMENT # A9700001517 1. Entity Name						AN FIL			
THE BRAT FAMILY LIMITED PARTNERSHIP						02 MAR 13	AM 9	: 58	
						SECRETARY	OF S	TATE	
Principal Place 9065 ST AND MT DORA FL		Mailing Address S085 ST ANDREWS WAT	r			TALLAHASSE	EE, FL(orida	
27714	1 - 9010 0011119		Zem	Rd			JIH 00111 001		11811 1081 1081
	#, etc. ORA, FL 32757					DUE BY MA	Y 1, 2002	2	
City & Stat	<u> </u>	City & State MT Doro F	L	andrew or i	4. FEI Number	59-3460316	نستنده دخ	— <u>— — </u>	plied For t-Applicable
3275	S7 Country USA	^{Zip} 32757	Country USA		5. Certificate o	f Status Desired		8.75 Add ee Required	
	6. Name and Address of Curre	ent Registered Agent	NI-		7. Name and A	ddress of New Regis	stered Ag	ent	
LYBRAND, BRUCE E			Na	ıme					
		4 Lake Jem F	Rd Str	reet Address (P.O. Box Number	is Not Acceptable)			
MT DORA	\ FL 32757	-							
	_		Cit	y			FL	Zip Code	9
8. The above	named entity submitte his statemen	t or the purpose of changing is	registered off	ice or register	ed agent, or both	, in the State of Florida	l.		
SIGNATURE.	Muse	A/LA							
9. Capital Contributions as Shown on record. Signature, typed of printed name of registered agent a of the if applicable. 10. Amount of Capital (in FLORIDA to date)				าร		11. MAKE CHECK P SEE REVERSE S			1 × 114 m. 125
	A GENERAL PARTNE	BE REGIST	TERED AND AC	TIVE WITH THIS	OFFICE.		MALIONS S		
12.		MAY NOT be changed on t NER INFORMATION	he form; an	amendmen	t must be filed	to change a gene ADDRESS CHANG			
DOCUMENT #		TETTINI OTHER HOLY	STREET ADD	nrae .			• •		
NAME	COCC OT ALIDETIAN MANA			27	714 Lak	e Jem Koa	<u>d</u>		
STREET ADDRESS City-St-Zip	MT DORA FL 32757	·	CITY-ST-ZI	Mou	nt Dora	Florida	327	57	
DOCUMENT # NAME	LYBRAND, PATRICIA E		STREET ADD			•			
STREET ADDRESS City-St-Zip	9065 ST ANDREWS WAY MT DORA FL 32757		CITY-ST-ZIF	Mou	nt Dora	e Jem k Florida	32'	—— 757	
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CITY-ST-ZIP			CITY-ST-ZIF	,	·	-03/19/02 ****293.			
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DOCUMENT #			STREET ADDR	RESS					

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:

STREET ADDRESS

CITY-ST-ZIP