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2002 UNIFORM BUSINESS REPORT (UBR)

A97000002073 DOCUMENT # 1. Entity Name 02 APR -8 PM 3: 09 INMAN FAMILY PARTNERSHIP, LTD. SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 711 W. HARVARD STREET 711 W. HARVARD STREET ORLANDO FL 32804 ORLANDO FL 32804 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 59-3469415 Not Applicable 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 ---Name BISSINGER, STEVEN G Street Address (P.O. Box Number is Not Acceptable) 711 WEST HARVARD ORLANDO FL 32804 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 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions \$314,619.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P97000079548 DOCUMENT # STREET ADDRESS INMAN HOLDINGS, INC. 711 HARVARD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --018 DOCUMENT # STREET ADDRESS NAME 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 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE

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