

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016598 AT

**DOCUMENT # A97000002168**

1. Entity Name  
**PEEBLES FAMILY LIMITED PARTNERSHIP**



FILED  
03 JAN -9 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
P.O. BOX 38  
WILDWOOD FL 34785

Mailing Address  
P.O. BOX 38  
WILDWOOD FL 34785

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **59-3471888**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PEEBLES, J. WILLARD**  
**322 SHOPPING CENTER DRIVE**  
**WILDWOOD FL 34785**

**7. Name and Address of New Registered Agent**

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. **\$495,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
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 |                                    |
|---------------------------------|------------------------------------|
| DOCUMENT #                      |                                    |
| NAME                            | <b>PEEBLES, J. WILLARD TRUSTEE</b> |
| STREET ADDRESS                  | <b>322 SHOPPING CENTER DR</b>      |
| CITY-ST-ZIP                     | <b>WILDWOOD FL 34785</b>           |
| DOCUMENT #                      |                                    |
| NAME                            |                                    |
| STREET ADDRESS                  |                                    |
| CITY-ST-ZIP                     |                                    |
| DOCUMENT #                      |                                    |
| NAME                            |                                    |
| STREET ADDRESS                  |                                    |
| CITY-ST-ZIP                     |                                    |
| DOCUMENT #                      |                                    |
| NAME                            |                                    |
| STREET ADDRESS                  |                                    |
| CITY-ST-ZIP                     |                                    |
| DOCUMENT #                      |                                    |
| NAME                            |                                    |
| STREET ADDRESS                  |                                    |
| CITY-ST-ZIP                     |                                    |

| 13. ADDRESS CHANGES ONLY |  |
|--------------------------|--|
| STREET ADDRESS           | <del>01/06/03 01103 001 **526.25</del> |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              | <del>000009885118</del>                |
| STREET ADDRESS           | <del>01/06/03 01103 001 **526.25</del> |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           | <b>ALI</b>                             |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| 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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **1/3/03** Daytime Phone #: **952-748-5341**

CR2E003 (10/02)