2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# A97000002325

Apr 30, 2002 8:00 AM Secretary of State

Entity Name: JAMES R. LOWRY, SR. FAMILY LIMITED PARTNERSHIP, LLLP

Current Principal Place of Business: New Principal Place of Business:

36 W. ILLIANA STREET ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

36 W. ILLIANA STREET ORLANDO, FL 32806

FEI Number: 59-3478618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOWRY, H. CLAY 36 W. ILLIANA STREET ORLANDO, FL 32806 US

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:

Electronic Signature of Registered Agent Date

Capital Contributions as Shown on record: 2,475,000.00

Amount of Capital Contributions in Florida to date: 2,475,000.00

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

LOWRY, JAMES R TRUSTEE Name:

825 CREPE MYRTLE CIRCLE 36 W. ILLIANA STREET Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32806

APOPKA, FL 32712

Document #: LOWRY, JOSEPH EDWARD TRUSTEE Name:

Address: 825 CREPE MYRTLE CIR. Address: 36 W. ILLIANA STREET City-St-Zip: ORLANDO, FL 32806

City-St-Zip: APOPKA, FL 32712 Document #:

LOWRY, H. CLAY TRUSTEE Name:

36 W. ILLIANA STREET 825 CREPE MYRTLE CIR. Address: Address: City-St-Zip: ORLANDO, FL 32806

City-St-Zip: APOPKA, FL 32712 Document #:

Name: MCKINNEY, MARY LANE TRUSTEE

825 CREPE MYRTLE CIR. 36 W. ILLIANA STREET Address: Address: ORLANDO, FL 32806

City-St-Zip: APOPKA, FL 32712 City-St-Zip:

Document #: Name: LOWRY, H. CLAY

Address: 1819 OSMAN AVE. Address: 8015 LANDGROVE COURT' City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic 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: H. CLAY LOWRY GP 04/30/2002