

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# A97000002325

FILED
Apr 30, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

36 W. ILLIANA STREET
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

36 W. ILLIANA STREET
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3478618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 #:

Name: LOWRY, JAMES R TRUSTEE
Address: 825 CREPE MYRTLE CIRCLE
City-St-Zip: APOPKA, FL 32712

Address: 36 W. ILLIANA STREET
City-St-Zip: ORLANDO, FL 32806

Document #:

Name: LOWRY, JOSEPH EDWARD TRUSTEE
Address: 825 CREPE MYRTLE CIR.
City-St-Zip: APOPKA, FL 32712

Address: 36 W. ILLIANA STREET
City-St-Zip: ORLANDO, FL 32806

Document #:

Name: LOWRY, H. CLAY TRUSTEE
Address: 825 CREPE MYRTLE CIR.
City-St-Zip: APOPKA, FL 32712

Address: 36 W. ILLIANA STREET
City-St-Zip: ORLANDO, FL 32806

Document #:

Name: MCKINNEY, MARY LANE TRUSTEE
Address: 825 CREPE MYRTLE CIR.
City-St-Zip: APOPKA, FL 32712

Address: 36 W. ILLIANA STREET
City-St-Zip: ORLANDO, FL 32806

Document #:

Name: LOWRY, H. CLAY
Address: 1819 OSMAN AVE.
City-St-Zip: ORLANDO, FL 32806

Address: 8015 LANDGROVE COURT
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 Statutes. 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

Electronic Signature of Signing General Partner

_____ Date