2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002867

1. Entity Name

JAMES AND TERESA TAYLOR FAMILY LIMITED PARTNERSH

FILED

01 JUL 24 AM 8 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amount Due
$926.25

Principal Place of Business	Mailing Address
30 CYPRESS LANE	30 CYPRESS LANE
WINTER PARK FL 32789	WINTER PARK FL 32789

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY SEPTEMBER 26, 2001**
City & State	City & State	4. FEI Number **59-3484077** — 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	7. Name and Address of New Registered Agent
TAYLOR, JAMES D 30 CYPRESS LANE WINTER PARK FL 32789	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **$350,000.00**	10. Amount of Capital Contributions in FLORIDA to date.	11. **MAKE CHECK PAYABLE TO 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	13. ADDRESS CHANGES ONLY
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP **TAYLOR, JAMES D** **30 CYPRESS LANE** **WINTER PARK FL 32789**	STREET ADDRESS CITY-ST-ZIP 30000450027 3 7 -07/26/01--01072--015 ****926.25 ****926.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP **TAYLOR, TERESA L** **30 CYPRESS LANE** **WINTER PARK FL 32789**	STREET ADDRESS CITY-ST-ZIP
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CR2E003 (5/01)

STAPLE CHECK HERE

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 JAMES D TAYLOR 07/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #