

2001 UNIFORM BUSINESS REPORT (UBR)

0013304 AF

DOCUMENT # A97000002870

1. Entity Name

CARPENTER FAMILY LIMITED PARTNERSHIP

FILED *mf*
01 MAR 19 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4550 U.S. 1 GRANT FL 32949	Mailing Address P.O. BOX 780309 SEBASTIAN FL 32978
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3487360	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CARPENTER, JOHN F
4550 U.S. 1
GRANT FL 32949

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,021,500.00**

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 **CARPENTER, FOREST A**
STREET ADDRESS **600 NORTH ISLAND HARBOR DRIVE**
CITY-ST-ZIP **SEBASTIAN FL 32958**

STREET ADDRESS

CITY-ST-ZIP **300003891093--8**

DOCUMENT #
NAME **CARPENTER, BARBARA A**
STREET ADDRESS **600 NORTH ISLAND HARBOR DRIVE**
CITY-ST-ZIP **SEBASTIAN FL 32958**

STREET ADDRESS

CITY-ST-ZIP **-03/21/01--01102--010**
******526.25 ****526.25**

DOCUMENT #
NAME **AARAAS, KRISTIN L**
STREET ADDRESS **79 NORTH POND ROAD**
CITY-ST-ZIP **CHESTER NH 03036**

STREET ADDRESS

CITY-ST-ZIP

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-14-01 **321-921303**
Date Daytime Phone #

CR2E003 (11/00)