

2001 UNIFORM BUSINESS REPORT (UBR)

0001273 AF

DOCUMENT # A97000002948

1. Entity Name
MCCRARY FAMILY LIMITED PARTNERSHIP, LLLP

FILED

01 APR -6 PM 12: 23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

mf

Principal Place of Business Mailing Address
1395 BUCKSAW PLACE 1395 BUCKSAW PLACE
LONGWOOD FL 32750 LONGWOOD FL 32750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3489261** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCCRARY, LOUIS H
1395 BUCKSAW PLACE
LONGWOOD FL 32750

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 *Louis H Mccrary* DATE **4/3/01**

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

9. Capital Contributions as Shown on record. **\$1,291,938.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCCRARY, LOUISE H 1395 BUCKSAW PLACE LONGWOOD FL 32750
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	600003995426--2
CITY-ST-ZIP	-04/12/01--01121--025 ****526.25 ****526.25
STREET ADDRESS	
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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: *Louis H Mccrary* DATE **4/3/01** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)