

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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| DOCUMENT # A98000000195 1. Entity Name THE M.B. SMITH FAMILY LIMITED PARTNERSHIP | |
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FILED

03 APR 30 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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|---|--|
| 2. Principal Place of Business 9490 NE 60th Street Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 834 Suite, Apt. #, etc. |
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|------------------------------------|------------------------------------|
| City & State Bronson, FL | City & State Bronson, FL |
| Zip 32621 | Country Levy |

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| DUE BY MAY 1 | |
| 4. FEI Number 59-3497845 | Applied For <input type="checkbox"/> Not Applicable |

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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 7. Name and Address of Current Registered Agent Name Kraft, Sandra S. Street Address (P.O. Box Number is Not Acceptable) 9490 NE 60th Street City Bronson FL Zip Code 32621 |
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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. I am familiar with, and accept the obligations of registered agent

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
| 9. Capital Contributions as Shown on record. \$1,200,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | |

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 | |
| NAME | Kraft, Sandra S. | CITY - ST - ZIP | 9550 NE 60th Street Bronson, FL 32621 |
| STREET ADDRESS | | CITY - ST - ZIP | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | Smith, Mack B Jr. | CITY - ST - ZIP | 20 Farmbrook Drive Cartersville, GA 30120 |
| STREET ADDRESS | | CITY - ST - ZIP | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | CITY - ST - ZIP | |
| CITY - ST - ZIP | | | |
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| CITY - ST - ZIP | | | |

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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

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| SIGNATURE: <u><i>Sandra S. Kraft</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | <u>4/24/03</u> <u>(352) 486-2325</u> <small>Date Daytime Phone #</small> |
|--|---|

STAPLE CHECK HERE

CR2E003B (12/02)