2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000459

1. Entity Name
BOUWKAMP FAMILY LIMITED PARTNERSHIP

FILED

03 APR 17 AM 7: 31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
685 PALMER WAY

MELBOURNE FL 32940

Mailing Address
685 PALMER WAY

MELBOURNE FL 32940

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY MAY 1, 2003**
City & State	City & State	4. FEI Number 59-3473560 — 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
BOUWKAMP, BURTON H 685 PALMER WAY MELBOURNE FL 32940	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   DATE

9. Capital Contributions as Shown on record. **$0.00**	10. Amount of Capital Contributions in FLORIDA to date. **$0.00**	11. MAKE CHECK PAYABLE TO FL. 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 BURTON H. BOUWKAMP, TRUSTEE 685 PALMER WAY MELBOURNE FL 32940	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS 10001621605 04/17/03--01061--022 **141.25 CITY-ST-ZIP
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS / CITY-ST-ZIP
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS / CITY-ST-ZIP
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS / CITY-ST-ZIP
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS / CITY-ST-ZIP
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS / 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: _____   4/15/03   (321) 253-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #