

2002 UNIFORM BUSINESS REPORT (UBR)

0008714 AT

DOCUMENT # **A98000000688**

1. Entity Name
WILKINS PROPERTIES, LTD.

FILED

02 MAY -6 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
880 INDIANOLA DRIVE **880 INDIANOLA DRIVE**
MERRITT ISLAND FL 32953 **MERRITT ISLAND FL 32953**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number Applied For
59-3499442 Not Applicable

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

WILKINS, DON M
880 INDIANOLA DRIVE
MERRITT ISLAND FL 32953

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

9. Capital Contributions as Shown on record. **\$7,500.00-** 10. Amount of Capital Contributions in FLORIDA to date. **\$ 20,000,000.00** 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 #	WILKINS, DON M TRUSTEE 880 INDIANOLA DRIVE MERRITT ISLAND FL 32953	STREET ADDRESS	900005637599--2 -05/29/02--01039--021 ***2276.25 ****526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	WILKINS, PATRICIA A TRUSTEE 880 INDIANOLA DRIVE MERRITT ISLAND FL 32953	STREET ADDRESS	PP @ 526.25
NAME		CITY-ST-ZIP	
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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: *Don M Wilkins* Date: April 29, 2002 Daytime Phone #: 321-459-1316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)