2001	UNIFORM	<b>BUSINESS</b>	REPORT	/URR
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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

200	1 UNIFO	RM BUSIN	IESS REPO	RT	(UBR	<b>t)</b>	, 1					8
DOCU 1. Entity Nar	IMENT #	A98000	000905			* r.			1	()		0012010
D.C. AN	d Karen W. Smi	TH FAMILY PARTNEI	RSHIP, LTD.			•	FILE	D	۲	Ĭ		ñ
Principal Place 1126 CARRIAG TALLAHASSEE	•		Mailing Address 1126 CARRIAGE ROAD TALLAHASSEE FL 32312			SEC TAL	APR 11:9 CRETARY OF AHASSEE	IPM 12: 25 State Finarida	<b>1</b> (() <b>28</b> (1) <b>85</b> ()(	- 	(1 <b>d</b> arel ens 1 <b>0</b> 0	
2. Principal Place of Business       3. Mailing Address         1536 ISABEL CT       1536 ISABEL CT         Suite, Apt. #, etc.       Suite, Apt. #, etc.         TAL ANDESED FO 32303       TAL ANDESED F							DO NOT WR	RITE IN THIS			_	
City & Sta TALLAHA	te SSEE, FLOR	IDA	City & State TALLAHASSEE	FLOR	IDA		4. FEI Number	NOT APPLI	CABLE	<del></del>	Applied For Not Applicable	;
Zip 32303	Co	untry	Zip 32303	Count			5. Certificate o	of Status Desired		<b>\$8.75</b> A		7
	6. Name and A	Address of Current Reg					7. Name and	Address of New	Registered			_
SMITH, D C 1126 CARRIAGE ROAD TALLAHASSEE FL 32312				Name Street Address (P.O. Box Number is Not Acceptable) 1536 ISABEL CT					=  - - -			
	e named entity subn	nits this statement for the	purpose of changing its	registere			IASSEE ed agent, or both	, in the State of Fl	FI lorida.	Zip Co 323	03	
SIGNATURE		d name of registered agent and tit	<del></del>			required v	when reinstating)		DATE			_
9. Capital Co as Shown	on record.	\$318,500.00	10. Amount of Capita in FLORIDA to di	ate.	<u> 318,5</u>	œ.º		<del></del>	RSE SIDE F	OR FEE INF		] .
	A GENE NOTE: Gen	RAL PARTNER THA eral Partners MAY N	T IS A BUSINESS EN OT be changed on th	TITY MU ne form;	JST BÉ RI an amen	EGIST dment	ERED AND AC must be filed	CTIVE WITH TH to change a g	IIS OFFIC eneral pa	E. rtner.		
12.		GENERAL PARTNER INF	ORMATION	13.				ADDRESS CH	IANGES ON	IL.Y		] [
NAME	AME SMITH, D C  TREET ADDRESS TY-ST-ZIP TALLAHASSEE FL 32312  COLUMENT #  AME SMITH, D C  TALLAHASSEE FL 32312  SMITH, KAREN W  TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS		l	ST-ZIP		ISABEL C		<u>-</u> _	<del></del>	<del></del>	E003 (11/00)	
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indicated	on this report is true	e and accurate and that	filing does not qualify for my signature shall have t port as required by Chapt	he same	legal effect	as if ma	tion 119.07(3)(i), ade under oath; t	Florida Statutes, hat I am a Genera	I further ce al Partner o	rtify that the f the limited	information partnership or	-

4/16/01 (8.50) 224-9571 Date Daytime Phone #