2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A98000001506 **DOCUMENT #**

1. Entity Name

THE TRACY GRAFF FAMILY PARTNERSHIP, LTD.



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Principal Place of Business RT. 10 BOX-637 LAKE CITY FL 32025 RT 12 Box 605 LAKE CITY FL 32025 RT 12 Box 605 LAKE CITY FL 32025					BX 605	TALLAHASSEE, FLORIDA	•	
2. Principal P	Place of Busin	ness	3. Mailing Addres	SS				
Suite, Apt.	. #, etc.		Suite, Apt. #, e	tc.		DUE BY MAY 1, 2003		
City & State			City & State		<u> </u>	4. FEI Number 59-3526528	Applied For Not Applicable	
			Zip			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			
					Name .			
COLEMAI	n, randol	PH -	••					
9250 BAYMEADOWS ROAD, SUITE 230					Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32256-1813								
,					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.								
9. Capital Contributions as Shown on record. \$835,000.00 10. Amount of Capital C in FLORIDA to date					ntributions 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				TION 13.		ADDRESS CHANGES ONLY		
DOCUMENT #	π+							
NAME STREET ADDRESS	GRAFF, T	RACY RTIZ B	10x 605		EET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32025				/-ST-ZIP	<u> </u>		
NAME STREET ADDRESS					EET ADDRESS	04/11/0301072021 **526.25		
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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

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #