2003 LIMITED PARTNERSHIP UNIFORM BUŞINESS REPORT (UBR)

DOCUMENT # A98000001671

STAPLE CHECK HERE

SIGNATURE:

1. Entity Name
THE RAEDEAN, LUCAS AND JESSE LYNN FAMILY LIMITED PARTNERSHIP, LTD.

Principal Place of Business 2801 FRUITVILLE ROAD. SUITE 100 SARASOTA FL 34237

Mailing Address 2801 FRUITVILLE ROAD, SUITE 100 SARASOTA FL 34237

FILED May 28, 2003 8:00 A.M. Secretary of State

| | | | | | | | | | |
|---|---------------------------------|--|--|----------------------------|---|--|---|---|---------------|
| 2. Principal Place of Business | | | . 3. Mailing Addre | . 3. Mailing Address | | | · · · · · · · · · · · · · · · · · · · | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, 6 | Suite, Apt. #, etc. | | | DUE BY MAY 1, 2003 | | |
| City & State | | | City & State | City & State | | | er 65-0849481 | Applied F Not Applie | |
| Zip | Country Zip | | | Co | Country | | te of Status Desired | | |
| | 6Name | and Address of Curre | nt Registered Agent | | | 7. Name and | Address of New Register | ed Agent | |
| HRIC, MIC | | | , | | Name Street Address (P.O.: Box Number is Not Acceptable) | | | | |
| | JITVILLE:RO TA FL 34237 | AD, SUITE #100 7 | اله من الكامل الأخواج في المن المنطق المناطق المنطق والمن والمنطق والمنطق والمنطق والمنطق والمنطق والمنطق والم | | Street Address (F.O. Box Number is Not Acceptable) | | | | |
| | | | | | City FL Zip Code | | | | |
| | named entity tions of regist | | t for the purpose of cha | anging its regis | tered office or | registered agent, or bot | h, in the State of Florida. I a | am familiar with, and acc | cept |
| SIGNATURE . | Signature, typed | or printed name of registered ag | ent and title if applicable. | | | | DAT | E | - |
| 9. Capital Contributions (\$339,500.00) (0. 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 I | JENEKAL PAKIND | BYVAHAIIS A BUSIN | ESS ENTITY ed on the fo | MUST BE I rm; an ame | REGISTERED AND And and ment must be file | CTIVE WITH THIS OFF d to change a general (| ICE. partner. | |
| 12. | GENERAL PARTNER INFORMATION | | | 1 | 13. | ADDRESS CHANGES ONLY | | | |
| DOCUMENT # NAME | LYNN, LU | CAS L | | 5 | STREET ADDRESS | | · , | | |
| STREET ADDRESS CITY-ST-ZIP | | RD STREET, EAST ON FL 34202 | | C | CITY-ST-ZIP | | | | |
| DOCUMENT # NAME | LYNN, RAI | EDEAN | | S | STREET ADDRESS | 60 | 00143873 70301011008 | 326 **141 25 | |
| STREET ADDRESS CITY-ST-ZIP | 5402 1ST | | | C | CITY-ST-ZIP | الماسك فاجتلما | <u> </u> | TOTAL TAX SECOND | |
| DOCUMENT # | LYNN, JESSE J | | | | STREET ADDRESS | 7645 TRALEE WAY | | | |
| STREET ADDRESS CITY-ST-ZIP | 4140 BRO | SKPOINTEXECURIX & RIX 34288 | | CITY | | | RADENTON, FL 34202 | | |
| DOCUMENT # | | | | s | STREET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | , 0 | CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | | |
| DOCUMENT # NAME | | | | s | STREET ADDRESS | - | | | - |
| STREET ADDRESS CITY-ST-ZIP | | | | c | CITY-ST-ZIP | | | | |
| DOCUMENT # | | <u> </u> | | s | TREET ADDRESS | | | · · · · · · · · · · · · · · · · · · · | |
| STREET ADDRESS CITY-ST-ZIP | - | | | c | :ITY-ST-ZIP | | | | |
| indicated | on this repor | e information supplied w t is true and accurate a empowered to execute | nd that my signature sh | nall have the sa | me legal effec | t as if made under oath: |), Florida Statutes. I further that I am a General Partner | certify that the information of the limited partnersh | ion hip or |