

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001749

1. Entity Name
DENNIS B. THOMPSON FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 28 AM 8:48

Principal Place of Business
% JAMES V. WALKER & ASSOCIATES
217 PONTE VEDRA DRIVE, SUITE 200
PONTE VEDRA BEACH FL 32082

Mailing Address
P.O. BOX 676
PONTE VEDRA BEACH FL 32004



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3524053	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALKER, JAMES V 217 PONTE VEDRA PARK DRIVE, SUITE 200 PONTE VEDRA BEACH FL 32082		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 *Dennis B. Thompson* 3-15-2002 DATE

9. Capital Contributions as Shown on record. \$2,500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000070070 THOMPSON FAMILY PARTNERS, INC. 217 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH FL 32082	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500005694975--8 -06/06/02--01071--011 ****437.50 ****437.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500005694975--8 -06/06/02--01071--012 *****88.75 *****88.75
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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: *Dennis B. Thompson* 3-15-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

0005488 AT

CR2E003 (9/01)