2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 APR 26 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002791

1. Entity Name

SCABAROZI FAMILY PARTNERSHIP, LTD.

Principal Place of Business
8515 N. ATLANTIC AVENUE
CAPE CANAVERAL FL 32920

Mailing Address
8515 N. ATLANTIC AVENUE
CAPE CANAVERAL FL 32920

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 59-3540651 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCABAROZI, PLUTARCO A
8515 N. ATLANTIC AVENUE
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

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. **$5,000,000.00**

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	SCABAROZI, PLUTARCO A TRUSTEE 8515 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920	STREET ADDRESS / CITY-ST-ZIP	700005449307--0 -05/03/02--01022--013 ****526.25 ****526.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	SCABAROZI, ALICE B TRUSTEE 8515 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920	STREET ADDRESS / CITY-ST-ZIP	
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		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: Alice B. Scabarozi ALICE B. SCABAROZI 4-22-02 321 783-7384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)