

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 20 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A9800002884**
 1. Entity Name **GUYTON FAMILY PARTNERSHIP, LTD.**

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **5255 SOUTH TROPICAL TRAIL**
 Suite, Apt. #, etc.
 3. Mailing Address **5255 SOUTH TROPICAL TRAIL**
 Suite, Apt. #, etc.
(ATTN: EVELYN S. GUYTON)

DUE BY MAY 1

City & State **MERRITT ISLAND, FL**
 City & State **MERRITT ISLAND, FL**
 Zip **32952** Country **USA**
 Zip **32952** Country **USA**

4. FEI Number **59-3554282**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **JAMES D. McMASTERS**
 Street Address (P.O. Box Number is Not Acceptable) **5255 SOUTH TROPICAL TRAIL**
 City **MERRITT ISLAND FL** Zip Code **32952**

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 **(N.A.)** DATE

9. Capital Contributions as Shown on record. **2,500,000.00**
 10. Amount of Capital Contributions in FLORIDA to date. **1,096,893.00**
 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		STREET ADDRESS	100009140761
DOCUMENT #	P98000028787		11/21/02--01014--003 **8.75
NAME	GUYTON FAMILY ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	5255 SOUTH TROPICAL TRAIL		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		
DOCUMENT #		STREET ADDRESS	100009140761
NAME		CITY-ST-ZIP	11/21/02--01014--004 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

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: **E. S. Guyton** **E. S. GUYTON** **11.17.02 321-752-8591**