

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 FEB -7 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A98000002884**

1. Entity Name  
**GUYTON FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
ATTN: EVELYN S. GUYTON  
5255 S. TROPICAL TRAIL  
MERRITT ISLAND FL 32952

Mailing Address  
ATTN: EVELYN S. GUYTON  
5255 S. TROPICAL TRAIL  
MERRITT ISLAND FL 32952



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **59-3554282**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MCMASTER, JAMES D.**  
**5255 SOUTH-TROPICAL-TRAIL**  
**MERRITT ISLAND FL 32941**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE McMaster, James D.  
Signature, typed or printed name of registered agent and title if applicable.

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 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000023787**  
NAME **GUYTON FAMILY ENTERPRISES, INC.**  
STREET ADDRESS **5255 SOUTH TROPICAL TRAIL**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

STREET ADDRESS **200010069472**  
CITY-ST-ZIP **02/07/03--01016--002 \*\*385.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **200010069472**  
CITY-ST-ZIP **01/14/03--01039--001 \*\*141.25**

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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: McMaster, James D. **1/08/03** **321-452-8597**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)