

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000073

1. Entity Name

SHEPHERD FAMILY HOLDINGS LIMITED PARTNERSHIP

Principal Place of Business

7135 WOOD CREEK DRIVE  
SARASOTA FL 34231

Mailing Address

7135 WOOD CREEK DRIVE  
SARASOTA FL 34231

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

APPROVED  
AND  
FILED  
02 APR 26 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

City & State

Zip Country

City & State

Country

4. FEI Number

59-3553752

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ALICE C  
7135 WOOD CREEK DRIVE  
SARASOTA FL 34231

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

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.

2,500,000

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

ADDRESS CHANGES ONLY

DOCUMENT #

P99000002289

NAME

SHEPHERD FAMILY HOLDINGS, INC.

STREET ADDRESS

7135 WOOD CREEK DRIVE

CITY-ST-ZIP

SARASOTA FL 34231

STREET ADDRESS

CITY-ST-ZIP

300005449333--

05/03/02 01022 016

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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 CAPOUR SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/02 941-922-4195

0015488  
AT

CR2E003 (9/01)