## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000214  1. Entity Name					t lubb	
COOKSEY FAMILY LIMITED PARTNERSHIP					SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business  C/O WALKER & FAIRBANKS. P.A.  217 PONTE VEDRA PARK DRIVE. SUITE 200 PONTE VEDRA BEACH FL 32082  Mailing Address POST OFFICE BOX 676 PONTE VEDRA BEACH FL 32082				0676	00 MAR 13 AM 11: 07	
2. Principal P	lace of Business	3. Mailing Address			E THE TOTAL FOLKS AD THE TOTAL DESIGN OF STREET, BOOKEN DOLLD IN DOLLD IN DOLLD AND CHOOL	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number Applied For 59-3555147 Not Applicable	
Zip	Country Zip		Cour	ntry	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
WALKER, JAMES V						
217 PONTE VEDRA PARK DRIVE, SUITE 200				Street Address (P.O. Box Number is Not Acceptable)		
PONTE VEDRA BEACH FL 32082						
				City	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. (NOTE: Registered Agent signature required when phinstating)  DATE						
9. Capital Contributions as Shown on record.  \$764,000.00  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 REGINOTE: General Partners MAY NOT be changed on the form; an amendment					ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.	
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT# NAME	COOKSEY, J. BRYAN JR. POST OFFICE BOX 2221 JACKSONVILLE FL 32203		STR	EET ADDRESS	11908 MANDARIN ROAD	
STREET ADDRESS CITY - ST - ZBP			CITY	′-ST-ZIP	JACKSONVILLE, FL 32223	
Document# Name	COOKSEY, JANE		STR	LEET ADDRESS	1908 MANDARIN ROAD	
STREET ADDRESS CITY-ST-ZIP	POST OFFICE BOX 2221 JACKSONVILLE FL 32203	cr		/-ST-ZIP	1908 MANDARIN ROAD ACKSONVILLE, FL 32223	
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DOCUMENT# NAME	SS (***********************************			EET ADDRESS		
STREET ADDRESS CITY - ST - ZIP				'-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						