

2002 UNIFORM BUSINESS REPORT (UBR)

0015840 AT

DOCUMENT # A99000000390

1. Entity Name
BECKY THOMAS MONTGOMERY LIMITED PARTNERSHIP

FILED
02 MAY -1 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
4810 S.W. 60TH AVE. **P.O. BOX 770129**
OCALA FL 34474 **OCALA FL 34477**

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 **58-2459572** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, BECKY B
4810 S.W. 60TH AVENUE
OCALA FL 34474

7. Name and Address of New Registered Agent

Name: **Becky Thomas Ray**
 Street Address (P.O. Box Number is Not Acceptable): **4810 SW 60 Avenue**
 City: **Ocala** **FL** Zip Code: **34474**

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: *Becky Thomas Ray* DATE: **4/30/02**

9. Capital Contributions as Shown on record. **\$1,028,755.00** 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 | |
|---------------------------------|---|
| DOCUMENT # | MONTGOMERY, BECKY THOMAS TRUSTEE |
| NAME | 4810 S.W. 60TH AVENUE |
| STREET ADDRESS | OCALA FL 34474 |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|---|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 100005556461--0 |
| CITY-ST-ZIP | 05/17/02 01024 010 ****526.25 ****526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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: *Becky Thomas Ray* DATE: **4/30/02** Daytime Phone: **350/237/4801**

CR2E003 (9/01)