

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016125 AT

DOCUMENT # A99000000390
 1. Entity Name
BECKY THOMAS MONTGOMERY LIMITED PARTNERSHIP



FILED
 03 JUN -2 AM 8:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
4810 S.W. 60TH AVE.
OCALA FL 34474

Mailing Address
P.O. BOX 770129
OCALA FL 34477

2. Principal Place of Business
PO Box 420
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 420
 Suite, Apt. #, etc.

City & State
Orange Lake, FL

City & State
Orange Lake, FL

Zip
32681 Country
USA

Zip
32681 Country
USA

DUE BY MAY 1, 2003

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
RAY, BECKY THOMAS
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)
6800 NW 193 Street
 City **Orange Lake FL** Zip Code **32681**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 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	
DOCUMENT #	
NAME	MONTGOMERY, BECKY THOMAS TRUSTEE
STREET ADDRESS	4810 S.W. 60TH AVENUE
CITY-ST-ZIP	OCALA FL 34474
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	PO Box 420
CITY-ST-ZIP	Orange Lake, FL 32681
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200020319512
CITY-ST-ZIP	06/02/03--01077--012 **326.25
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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **352-591-5621**
 Date _____ Daytime Phone # _____

SAMPLE CHECK HERE

CR2E003 (10/02)