2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
02 FEB 15 AM 11: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000000515

1. Entity Name
BLACK RIVER RANCH LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O MRS. LOIS C. DONOVAN 6401 S.W. THISTLE TERRACE PALM CITY FL 34990	% T. MICHAEL CROOK CPA 33 FLAGLER AVENUE STUART FL 34994

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 65-0906488 ☐ Applied For ☐ Not Applicable

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
~~CROOK, MICHAEL CPA~~ 33 FLAGLER AVENUE STUART FL 34994	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$1,914,200.00	10. Amount of Capital Contributions in FLORIDA to date.	1,914,200	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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000019646 BLACK RIVER RANCH, INC. 6401 S.W. THISTLE TERRACE PALM CITY FL 34990	STREET ADDRESS CITY-ST-ZIP	BK
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CR2E003 (9/01)

STAPLE CHECK HERE

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: X SIGNATURE REQUIRED Lois C Donovan 28Jan02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #