

DOCUMENT #		A99000000586	
1. Entity Name			
THE POTTER FAMILY LIMITED PARTNERSHIP			
Principal Place of Business		Mailing Address	
5200 WEST HIGHWAY C-30A SANTA ROSA BEACH FL 32459		5200 WEST HIGHWAY C-30A SANTA ROSA BEACH FL 32459	
2. Principal Place of Business		3. Mailing Address	
568 ALLEN LOOP DRIVE		568 ALLEN LOOP DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
POTTER, PATRICIA 5200 WEST HIGHWAY C-30A SANTA ROSA BEACH FL 32459		Name	
		Street Address	
		City	
		State	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE		PATRICIA A. POTTER	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required)	
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.	
\$874,300.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED IN FLORIDA. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed.			
12. GENERAL PARTNER INFORMATION		13.	
DOCUMENT #	P99000007941	STREET ADDRESS	5
NAME	POTTER FAMILY, INC.	CITY - ST - ZIP	
STREET ADDRESS	5200 WEST HIGHWAY C-30A		
CITY - ST - ZIP	SANTA ROSA BEACH FL 32459		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 607.01(2)(b), Florida Statutes, and that my signature shall have the same legal effect as if I were the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE:		PATRICIA A. POTTER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
568 ALLEN LOOP DRIVE

City SANTA ROSA Beach FL Zip Code 32459

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 Patricia A. Potter PATRICIA A. POTTER Jan 25, 2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	<b>\$874,300.00</b>
---	---------------------

**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

13. ADDRESS CHANGES ONLY

DOCUMENT #	P99000007941
NAME	POTTER FAMILY, INC.
STREET ADDRESS	<del>5200 WEST HIGHWAY C 30A</del>
CITY - ST - ZIP	SANTA ROSA BEACH FL 32459

STREET ADDRESS	568 Allen Loop Drive
CITY - ST - ZIP	700003162407--8 --03/03/00--01060--017
STREET ADDRESS	****526.25 ****526.25

DOCUMENT #		STREET ADDRESS	03708700--01060--0117 ****526.25 ****526.25
NAME		CITY - ST - ZIP	W1316100
STREET ADDRESS			
CITY - ST - ZIP			

DOCUMENT #		STREET ADDRESS	1000
NAME			
STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP	

DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP	

DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP		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: Patricia A. Potter PATRICIA A. POTTER Jan 25, 2000 850-267-2172  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #