

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # A99000000614

1. Entity Name

CBC Development Limited Partnership

02 MAY -2 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 1100 Int'l. Pkwy Suite, Apt. #, etc. #140 City & State Heathrow, FL Zip 32746 Country USA		3. Mailing Address 1100 Int'l Pkwy Suite, Apt. #, etc. #140 City & State Heathrow, FL Zip 32746 Country USA		4. FEI Number 59-3569636 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DUE BY MAY 1

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
F & L Corp
Street Address (P.O. Box Number is Not Acceptable)
The Greenleaf Building, Third Floor
200 Laura Street
City
Jacksonville
FL
Zip Code
32201-0240

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 date if applicable

DATE

9. Capital Contributions as Shown on record. 1,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 STREET ADDRESS CITY-ST-ZIP	p99000034050 CBC Family Vision Inc. 1100 Int'l Pkwy #140 Heathrow, FL 32746	STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Carol A. J. Buford 4-25-02 407-333-9445

CR2E003B (12/01)

STAPLE CHECK HERE