

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002946 MB

DOCUMENT # A99000000921

1. Entity Name
ANDREW A. ALLEN FAMILY LIMITED PARTNERSHIP



FILED

03 SEP 23 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1115 STONEGATE CT
ROSWELL GA 30075

Mailing Address
1115 STONEGATE CT
ROSWELL GA 39975



2. Principal Place of Business
12th SPANISH TOWN COURT
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 888305
Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State
PANAMA CITY BEACH, FL
Zip
32413
Country
WALTON

City & State
DUNWOODY, GA
Zip
30356-0305
Country
DEKALB

4. FEI Number 65-0935252
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

PALERMO, ANTHONY M
190 S.E. 19 AVENUE
POMPANO BEACH FL 33060

Name
ANDREW A. ALLEN
Street Address (P.O. Box Number is Not Acceptable)
12th SPANISH TOWN COURT
City
PANAMA CITY BEACH FL Zip Code
32413

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

DATE

9. Capital Contributions as Shown on record. \$250,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000049149
NAME ALLEN HOLDINGS, CORP.
STREET ADDRESS 1115 STONEGATE CT
CITY-ST-ZIP ROSWELL GA 30075

STREET ADDRESS 12th SPANISH TOWN COURT
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

9-22-03 678-491-4844

CR2E003 (4/03)