

2000 UNIFORM BUSINESS REPORT (UBR)

CR2E003 (9/99)

DOCUMENT # A99000000934
 1. Entity Name
THOMPSON FAMILY HOLDINGS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 APR 17 AM 11:43

rf

Principal Place of Business: 700 WAVE CREST DRIVE, UNIT 103, INDIALANTIC FL 32903
 Mailing Address: P.O. BOX 4200, INDIALANTIC FL 32903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-3583039
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMPSON, S. RONALD
 700 WAVE CREST DRIVE, UNIT 103
 INDIALANTIC FL 32903

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: \$10,000,000.00
 10. Amount of Capital Contributions in FLORIDA to date: \$8,101,290
 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	
DOCUMENT #	P99000049978
NAME	THOMPSON FAMILY MANAGEMENT, INC.
STREET ADDRESS	700 WAVE CREST DRIVE, UNIT 103
CITY - ST - ZIP	INDIALANTIC FL 32903
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	
CITY - ST - ZIP	
STREET ADDRESS	800003228278--4 -04/28/00--01039--025 ***526.25 ***526.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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** *S. Ronald Thompson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #