

2002 UNIFORM BUSINESS REPORT (UBR)

0003302 SP

DOCUMENT # A99000000934

1. Entity Name

THOMPSON FAMILY HOLDINGS, LTD.

FILED
02 AUG 19 PM 9: 31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY SEPTEMBER 25, 2002

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

7. Name and Address of New Registered Agent

THOMPSON, S. RONALD
700 WAVE CREST DRIVE, UNIT 103
INDIALANTIC FL 32903

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$10,000,000.00** 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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000049978 THOMPSON FAMILY MANAGEMENT, INC. 700 WAVE CREST DRIVE, UNIT 103 INDIALANTIC FL 32903	STREET ADDRESS CITY-ST-ZIP	
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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* 8/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (4/02)