

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001067

1. Entity Name

THE SLATTERY FAMILY LIMITED PARTNERSHIP

FILED

01 OCT 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O CSC
1819 MAIN STREET, SUITE 1000
SARASOTA FL 34236

Mailing Address
C/O CSC
1819 MAIN STREET, SUITE 1000
SARASOTA FL 34236

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

4. FEI Number	APPLIED FOR- 65-0231400	Applied For
		Not Applicable

Zip

Country

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

6. Name and Address of Current Registered Agent

SLATTERY, JAMES F

C/O CSC

1819 MAIN STREET, SUITE 1000

SARASOTA FL 34236

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

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. \$1,960,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,607,140

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.

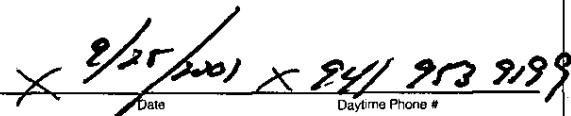
ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SLATTERY, JAMES F 1819 MAIN STREET, SUITE 1000 SARASOTA FL 34236	STREET ADDRESS CITY-ST-ZIP	300004653453 -10/25/01-01029-031 ****326.25 ****926.25
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

 8/25/01 X 841 953 9199
Date Daytime Phone #