LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A99000001067

1. Entity Name
The Slattery Family Limited Partnership

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business	3. Mailing Address
c/o CSC	c/o KB Group
Suite, Apt. #, etc.: 1819 Main St Ste 1000	Suite, Apt. #, etc.: 1858 Ringling Blvd
City & State: Sarasota FL	City & State: Sarasota FL
Zip: 34236 Country:	Zip: 34236 Country:

DUE BY MAY 1

4. FEI Number: 65-0931400 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.
1,960,000	1,607,140	

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	James F. Slattery
STREET ADDRESS	1819 main St Suite 1000
CITY-ST-ZIP	Sarasota FL 34236
DOCUMENT #	
NAME	Diane L. Slattery
STREET ADDRESS	1819 main St Suite 1000
CITY-ST-ZIP	Sarasota FL 34236
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	600006317416--7 -07/10/02--01068--003 ****837.50 ****837.50
STREET ADDRESS	
CITY-ST-ZIP	600006317416--7 -07/10/02--01068--004 *****88.75 *****88.75
STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	IN THIS SPACE
STREET ADDRESS	
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CR2E003B (12/01)

STAPLE CHECK HERE

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: X [signature] JAMES F. SLATTERY X 6/21/2002 X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date