2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001224

FILED
03 JUL 17 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
HERREN FAMILY LIMITED PARTNERSHIP, LTD.

Principal Place of Business
P.O. BOX 854
EASTPOINT FL 32328

Mailing Address
P.O. BOX 854
EASTPOINT FL 32328

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 59-3643195 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
HERREN, ROBERT S
3006 TRESTWICK WAY
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 1251 AVOCET LANE
City ST. GEORGE ISLAND FL Zip Code 32328

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 Robert S. Herren DATE 7/7/03
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. 1,954,822

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 #		STREET ADDRESS	
NAME	HERREN, ROBERT S		
STREET ADDRESS	3006 TRESTWICK WAY	CITY-ST-ZIP	
CITY-ST-ZIP	TALLAHASSEE FL		
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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: Robert S. Herren ROBERT S. HERREN 7/7/03 850 9272768