2002	2 UNIFORM BUS	INESS REP	ORT	(UBR)			
DOCU 1. Entity Nam	· · · · · · · · · · · · · · · · · · ·	00001299	*		FILED		
B.R. MARRAY LIMITED PARTNERSHIP							
t .					02 FEB 14 PM 2: 50		
Principal Place of Business Mailing Address 274 GEORGE RD. PORT CHARLOTTE FL PORT CHARLOTTE FL				,	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	•,,•,•				 	IIII BOKA IKOKA 11000 KOKID IBIK KOAL	
Principal Place of Business 3. Mailing Address			<u></u>				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002		
City & State		City & State	City & State		4. FEI Number 65-0935442	Applied For Not Applicable	
Zip	Country Zip		Coun	Country 5. Certificate of Status Desired 7 \$8.75 Ad		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHARON A SALADINO MURRAY				Name			
274 GEORGE ROAD PORT CHARLOTTE FL 33952-9159				Street Address (P.O. Box Number is Not Acceptable)			
							
				City FL Zip Code			
8. The above	named entity submits this statement f	or the purpose of changing	its register	ed office or register	red agent, or both, in the State of Florida.		
25070			, no rogiotor	50 011100 01 10910(01	•	a	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.		· —	DAT	9-02	
9. Capital Contributions as Shown on record. \$1,194,000.00 In FLORIDA to date				butions O	11. MAKE CHECK PAYABLE TO DEPT, OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
 .					TERED AND ACTIVE WITH THIS OFF it must be filed to change a general		
12.	GENERAL PARTNE		13.		ADDRESS CHANGES		
DOCUMENT # NAME	MURRAY, BUFORD R		STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	274 GEORGE ROAD PORT CHARLOTTE FL		CITY	-ST-ZIP			
DOCUMENT #	"SALADINO, "SHARON A		STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	274 GEORGE ROAD PORT CHARLOTTE FL		CITY	-ST-ZIP	****141.0	25 ****141.25	
DOCUMENT#	TOTAL OTHER DESIGNATION OF THE PERSON OF THE		. STRE	ET ADDRESS -			
name Street address		•	CITY	-ST-ZIP			
CITY-ST-ZIP DOCUMENT #							
NAME STREET ADDRESS			STRE	ET ADDRESS			
CITY-ST-ZIP			CIŢY	-ST-ZIP			
DOCUMENT #			STRE	ET ADDRESS			
STREET AS RESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT*			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	 		CITY	- ST-ZIP			
indicated	certify that the information supplied.wit on this report is true and accurate and or or trustee empowered to execute the	i that my signature shall be	ive the same	e legal effect as if m	ction 119.07(3)(i), Florida Statutes. I further nade under oath; that I am a General Partne	of the limited partnership or	

SIGNATURE: 🗻

STAPLE CHECK HEME