

2000-2003
**LIMITED PARTNERSHIP
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A99000001392
1. Entity Name
 O'SULLIVAN FARMS, LTD.



DO NOT WRITE IN THIS SPACE

FILED

03 MAY -9 PM 2:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

400018677264

05/09/03--01082--006 **141.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 5012 EVELYN DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
 5012 EVELYN DRIVE
 Suite, Apt. #, etc.

City & State
 TAMPA, FL

City & State
 TAMPA, FL

Zip 33609 **Country** USA

Zip 33609 **Country** USA

4. FET Number
 None

Applied For
 Not Applicable

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

6. 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

7. Name and Address of Current Registered Agent

Name
 WATERS, CODY W.

Street Address (P.O. Box Number is Not Acceptable)
 501 EAST KENNEDY BLVD

Suite 1700

City TAMPA **FL** **Zip Code** 33602

**DO NOT WRITE
 IN THIS SPACE**

SIGNATURE

9. Capital Contributions
 as shown on record, 5,000,000.00

10. Amount of Capital Contributions
 in FLORIDA to date, 1,984.00

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	STREET ADDRESS	CITY-STATE-ZIP
P99000057506	O'SULLIVAN GROUP, INC.	5012 EVELYN DRIVE	TAMPA, FL 33609
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 IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *James T. O'Sullivan* **4/18/03** **#5479108807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 JAMES T. O'SULLIVAN

STAPLE CHECK HERE

CR250038 (12/02)

ATTACHMENT 292
A99008001392

March 13, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: O'Sullivan Farms, Ltd.

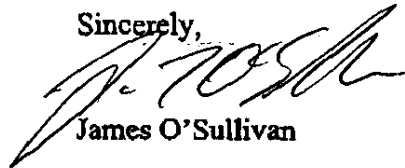
To Whom it May Concern:

Enclosed please find a check payable to the Department of State for \$150.00 and Form 2003 Uniform Business Report for the above referenced limited partnership.

Please be advised that the above referenced limited partnership never received the original annual report and accordingly, should not be subject to the late fee. This statement should be sufficient to allow you to waive this late fee.

If you have any questions, please call me directly at # 847 910 8827

Sincerely,


James O'Sullivan