

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A99000001491**

1. Entity Name

**FLORIDA I BLUE MIST LIMITED PARTNERSHIP**

FILED

02 JAN 16 PM 2: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br><b>3404 WAKE FOREST ROAD<br/>SUITE 201<br/>RALEIGH NC 27609</b> | Mailing Address<br><b>3404 WAKE FOREST ROAD<br/>SUITE 201<br/>RALEIGH NC 27609</b> |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                    |                               |
|------------------------------------|-------------------------------|
| <b>DUE BY MAY 1, 2002</b>          |                               |
| 4. FEI Number<br><b>56-2156339</b> | Applied For<br>Not Applicable |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>                    |
| <b>TURNER, SUSAN K<br/>6033 34TH STREET W. #56<br/>BRADENTON FL 34205</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| 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. <b>\$900.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE<br/>SEE REVERSE SIDE FOR FEE INFORMATION</b> |
|--|---|--|

**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 #                      | STOCKS, LEWIS H TRUSTEE          |
| NAME                            | 3403 WAKE FOREST ROAD, SUITE 201 |
| STREET ADDRESS                  | RALEIGH NC 27609                 |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |
| DOCUMENT #                      |                                  |
| NAME                            |                                  |
| STREET ADDRESS                  |                                  |
| CITY-ST-ZIP                     |                                  |

| 13. ADDRESS CHANGES ONLY |  |
|--------------------------|--|
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
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| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |

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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]* **SIGNATURE REQUIRED** 1-10-02 919 850-0880

STAPLE CHECK HERE

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