

2001 UNIFORM BUSINESS REPORT (UBR)

526.25

Covenant Partners

0000408 AF

DOCUMENT # A99000001535

1. Entity Name

COVENANT PARTNERS, LTD.

FILED

01 APR 13 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1620 INDEPENDENT SQUARE JACKSONVILLE FL 32202	Mailing Address 1620 INDEPENDENT SQUARE JACKSONVILLE FL 32202
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3606872 APPLIED FOR	Applied For Not Applicable
---	-------------------------------

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

6. Name and Address of Current Registered Agent CHRITTON, J. KIRBY ESQ. C/O ROGERS, TOWERS, ET AL 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE FL 32207

7. Name and Address of New 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	---

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
NAME	WHITE, GEORGE M
STREET ADDRESS	1620 INDEPENDENT SQUARE
CITY-ST-ZIP	JACKSONVILLE FL 32202
DOCUMENT #	NAME
NAME	P99000083679
STREET ADDRESS	COVENANT PARTNERS, INC.
CITY-ST-ZIP	1620 INDEPENDENT SQUARE
DOCUMENT #	NAME
NAME	MCNULTY, THAD
STREET ADDRESS	1620 INDEPENDENT SQUARE
CITY-ST-ZIP	JACKSONVILLE FL 32202
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004008803--8
CITY-ST-ZIP	-04/13/01--01080--017
STREET ADDRESS	***2276.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: George M. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-3-2001 (904) 355-7700
Date Daytime Phone #

CR2E003 (11/00)