

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015938 AT

DOCUMENT # **A99000002039**

1. Entity Name

**DALY FAMILY LIMITED PARTNERSHIP**

FILED

2002 MAR -4 PM 3:20

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>10850 HILLTOP DRIVE NEW PORT RICHEY FL 34654</b>	Mailing Address <b>10850 HILLTOP DRIVE NEW PORT RICHEY FL 34654</b>
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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 <b>59-3614582</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DALY, ROBERT F 10850 HILLTOP DRIVE NEW PORT RICHEY FL 34654</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
9. Capital Contributions as Shown on record. <b>\$300,000.00</b>	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>P97000048180</b>	NAME <b>DALY COMMUNICATIONS, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>10850 HILLTOP DRIVE</b>	CITY-ST-ZIP <b>NEW PORT RICHEY FL 34654</b>	CITY-ST-ZIP	<b>300005097173--5</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>-03/12/02--01057--002</b>
STREET ADDRESS		CITY-ST-ZIP	<b>****526.25 ****526.25</b>
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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:** *Patricia Daly* **Patricia Daly, Res. Daly Communications** 4/28/02 727-868-2367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE