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

A9900002061 **DOCUMENT #**

1. Entity Name
THE WILLIAM J. BINGHAM, JR., FAMILY LIMITED PART **NERSHIP**



FILED

03 APR 30 PH 12: 48

Principal Place of Business 234 COLONADE CIRCLE. UNIT 234 NAPLES FL 34103			Mailing Address 234 COLONADE CIRCLE. UNIT 234 NAPLES FL 34103					SEC! TALL	RETARY OF AHASSEE	LORIDA	MJH	{	
, f.	•) 					
2. Princing Place of Business				3. Mailing Address				41 <i>3</i> 0				1 1101 1001	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2003					
City & State				City & State			1	4. FEI Number	59-3614502			ed For pplicable	
Zip		Country		Zip Country			\neg	5. Certificate o	f Status Desired		8.75 Addition		
6. Name and Address of Current				tered Agent	7. Name and Address of New Registered Agent								
- PINICHAMA NATILIAMA LID						Name							l
BINGHAM, WILLIAM J.JR						Street Address (P.O. Box Number is Not Acceptable)							
NAPLES FL 34103												1	
						City		, ,		FL	Zip Code		
	named entity tions of registe	submits this statement for ered agent.	or the p	ourpose of changing its	register	ed office or regi	stere	d agent, or both	, in the State of F	orida. I am fa	miliar with, and	daccept	1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.										DATE			
9. Capital Contributions as Shown on record. \$1,794,315.65 10. Amount of Capital in FLORIDA to dat						butions 474	1_2	46	11. MAKE CHE SEE REVER		O FL. DEPT. 01 FEE INFORMA		ı
ļ	A G	ENERAL PARTNER	TAHT	IS A BUSINESS ENT	TITY M	UST BE REG	SISTE	ERED AND AC	TIVE WITH TH	IIS OFFICE.	,	}	
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION						, an amenun	ient	inust be then	ADDRESS CH				
DOCUMENT #						EET ADDRESS				<u></u>			(05)
NAME STREET ADDRESS CITY-ST-ZIP	BINGHAM, 234 COLOI NAPLES FL		ł	-ST-ZIP	,			·		· · ·	CR2E003 (10/02)		
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14. I hereby certify that the information supplied with this filling 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:

SIAPLE CHECK HERE

2-20-03

Daytime Phone #