2002 UNIFO	RM BUSINE	SS REPOR	T (UBR))			
DOCUMENT #		FILED					
DOCUMENT # A9900002200 1. Entity Name				02 \$	02 SEP 26 磁 5 07		
BROOK LANE PARTNERS	,	_\$ECRE	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business	Ma	ling Address		TALLA	HASSEE, FEORIDA-		
TEN BROOK LANE TEN BROOK LANE		BROOK LANE					
LAKELAND FL 33803	LAK	ELAND FL 33803		1 1001011 1	THE TOTAL CONTRACTOR OF THE TOTAL CONTRACTOR OT THE TOTAL CONTRACTOR OF THE TOTAL CONTRACTOR OT THE TOTAL CONTRACTOR OF THE TO	NEW PRODUCES ON BOOM BEINGER	
-							
Principal Place of Business 3. Mailing Address		Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY SEPTEMBER 25, 2002			
City & State		City & State		4. FEI Number 59-3614152 Applied For Not Applicable			
Zip Co	untry Z	lip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							
GEORGE TYSON				Name			
TEN BROOK LANE			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
LAKELAND FL 33803							
	City	• •					
8. The above named entity subr	nits this statement for the p	urpose of changing its re	gistered office or re	egistered agent, or both	n, in the State of Florida. 1 am	familiar with, and accept	
the obligations of registered a	agem.				<u></u>		
SIGNATURE Signature, typed or printe		DATE					
5. Capital Contribution \$96,645.96		in FLORIDA to date. 96		645.96	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.	13.		ADDRESS CHANGES ON	LY			
DOCUMENT # P99000080484			STREET ADDRESS	000008377080			
NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803			CITY-ST-ZIP	10/15/	70201059006	**926.25	
DOCUMENT #	33003		STREET ADDRESS	\sim			
NAME STREET ADDRESS			CITY-ST-ZIP	151			
DOCUMENT #	-		STREET ADDRESS				
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT # NAME			STREET ADDRESS				
STREE ADDRESS CITY-31-ZIP			CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				

CITY-ST-ZIP 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT #

NAME STREET ADDRESS

9/24/02 Date