

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006425 AT

|                                                                              |                                                                                   |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> A99000002265                                               |  |
| 1. Entity Name<br><b>THOMAS THOMASVILLE FAMILY LIMITED PARTNERSHIP LL LP</b> |                                                                                   |

**FILED**  
03 MAY -2 PM 7:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>8644 BRIERWOOD ROAD<br/>JACKSONVILLE FL 32217</b> | Mailing Address<br><b>8644 BRIERWOOD ROAD<br/>JACKSONVILLE FL 32217</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|



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

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| <b>DUE BY MAY 1, 2003</b>                                                                       |                               |
| 4. FEI Number <b>59-3621541</b>                                                                 | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

|                                                                             |  |
|-----------------------------------------------------------------------------|--|
| <b>6. Name and Address of Current Registered Agent</b>                      |  |
| <b>THOMAS, HARRY G JR<br/>8644 BRIERWOOD ROAD<br/>JACKSONVILLE FL 32217</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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                                                                     |                                                         |                                                                                              |
|---------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 9. Capital Contributions as Shown on record. <b>\$10,000,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. <b>MAKE CHECK PAYABLE TO FL. 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 |                                             | 13. ADDRESS CHANGES ONLY |                               |
|---------------------------------|---------------------------------------------|--------------------------|-------------------------------|
| DOCUMENT #                      | P99000111645                                | STREET ADDRESS           |                               |
| NAME                            | THOMAS THOMASVILLE FAMILY ENTERPRISES, INC. | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  | 8644 BRIERWOOD ROAD                         |                          |                               |
| CITY-ST-ZIP                     | JACKSONVILLE FL 32217                       |                          |                               |
| DOCUMENT #                      |                                             | STREET ADDRESS           | 900017861379                  |
| NAME                            |                                             | CITY-ST-ZIP              | 05/02/03--01014--014 **526.25 |
| STREET ADDRESS                  |                                             |                          |                               |
| CITY-ST-ZIP                     |                                             |                          |                               |
| DOCUMENT #                      |                                             | STREET ADDRESS           |                               |
| NAME                            |                                             | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                                             |                          |                               |
| CITY-ST-ZIP                     |                                             |                          |                               |
| DOCUMENT #                      |                                             | STREET ADDRESS           |                               |
| NAME                            |                                             | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                                             |                          |                               |
| CITY-ST-ZIP                     |                                             |                          |                               |
| DOCUMENT #                      |                                             | STREET ADDRESS           |                               |
| NAME                            |                                             | 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

|                                                                |                |                     |
|----------------------------------------------------------------|----------------|---------------------|
| <b>SIGNATURE:</b> <i>Harry G. Thomas Jr.</i>                   | <b>4/28/03</b> | <b>229-221-1032</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date           | Daytime Phone #     |

CR2E003 (10/02)

STAPLE CHECK HERE