

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

FILED

DOCUMENT # **B 00000000098**

1. Entity Name

**FCC PARTNERS LP, LTD.**

02 MAY -6 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**% The Goodman Company**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**777 S. Flagler Dr Ste 1101E**

City & State

City & State

**West Palm Beach, FL**

Zip

Country

Zip

Country

**33401**

**DUE BY MAY 1**

4. FEI Number

Applied For

**65-0993717**

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**William A Shewalter**

Street Address (P.O. Box Number is Not Acceptable)

**777 S. Flagler Drive**

**Suite 1101E**

City

**West Palm Beach**

FL

Zip Code

**33401**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

9. Capital Contributions  
as Shown on record.

**11,609,893**

10. Amount of Capital Contributions  
in FLORIDA to date.

**11,647,952**

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 # **M 000000000617**  
NAME **FCC GP LLC**  
STREET ADDRESS **777 S. Flagler Drive, Suite 1101E**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

STREET ADDRESS

CITY-ST-ZIP

**4000005637514--6**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**-05/29/02--01035--017**

**\*\*\*801.00 \*\*\*535.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FF \$526.25  
Cus 8.75**

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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

**FCC/SP LLC general partner, by: Goodman Properties, Inc, its manager**

SIGNATURE: **William A Shewalter, V.P.**

**4/26/02 (561) 833-3777**

CR2E003B (12/01)