

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000265

1. Entity Name
FALCON FAMILY HOLDINGS, L.P.



FILED

2003 FEB 18 AM 9:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
4670 CARLTON DUNES DR., #4
AMELIA ISLAND FL 32034

Mailing Address
4670 CARLTON DUNES DR., #4
AMELIA ISLAND FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 58-2405012

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCARROLL, LORIE
2334 EAST STATE RD 200, STE 300
AMELIA ISLAND FL 32034

Name KEN B. LANIER

Street Address (P.O. Box Number is Not Acceptable)
4670 CARLTON DUNES DR #4

City AMELIA ISLAND

FL

Zip Code 32034

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 KEN B. LANIER Principle

DATE 2-11-03

9. Capital Contributions as Shown on record. \$650,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # F01000004101
NAME FALCON MANAGEMENT, INC.
STREET ADDRESS 4670 CARLTON DUNES DR., #4
CITY-ST-ZIP AMELIA ISLAND FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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

SIGNATURE KEN B. LANIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE 2-11-03

DAYTIME PHONE # 904-261-5500

CR2E003 (10/02)

0005666
AT