

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00020089 AB

**DOCUMENT # B02000000315**

1. Entity Name  
**M. C. ~~DIXON~~ FAMILY LIMITED PARTNERSHIP, LLLP**  
*DIXON*



FILED

03 JUL 21 PM 12:20

SECRETARY OF STATE



Principal Place of Business  
**1292 TIMBERLANE ROAD**  
**TALLAHASSEE FL 32312**

Mailing Address  
**1292 TIMBERLANE ROAD**  
**TALLAHASSEE FL 32312**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**711 WEST WASHINGTON**  
 Suite, Apt. #, etc.

**DUE BY SEPTEMBER 24, 2003**

City & State  
**Euftaula, AL**

Zip  
**36072**

Country

4. FEI Number  
**58-2381781**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MERCER, FRANK J**  
**1292 TIMBERLANE ROAD**  
**TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

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. **\$7,500.00**

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	
DOCUMENT #	
NAME	<b>DIXON, MICHAEL C SR.</b>
STREET ADDRESS	<b>711 WEST WASHINGTON STREET</b>
CITY-ST-ZIP	<b>EUFAULA AL 36072</b>
DOCUMENT #	
NAME	<b>DIXON, ROBERT M SR.</b>
STREET ADDRESS	<b>711 WEST WASHINGTON STREET</b>
CITY-ST-ZIP	<b>EUFAULA AL 36072</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**000021700520**  
 07/21/03--01035--004 \*\*\$41.25

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: *[Signature]* **SIGNATURE REQUIRED** *7/8/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date *7/8/03* Daytime Phone #

CP2E003 (4/03)

STAPLE HERE