

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001866 MB

DOCUMENT # B96000000023

1. Entity Name
BACON FAMILY PARTNERS L.P. LIMITED PARTNERSHIP



FILED

03 APR 15 AM 8:20

Principal Place of Business
5455 DTC PARKWAY, SUITE 1025
ENGLEWOOD CO 80111

Mailing Address
P.O. BOX 2182
CINNAMINSON NJ 08077

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number 22-3346915

Applied For

Not Applicable

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

MORRIS, WILLIAM G ESQUIRE
247 NORTH COLLIER BLVD., SUITE 202
MARCO ISLAND FL 33937

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$850,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

5,500.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
BACON, BARBARA R
1012 FORKLANDING ROAD
CINNAMINSON NJ 08077

STREET ADDRESS

CITY-ST-ZIP

700016077497
04/15/03--01071--024 **150.00

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CITY-ST-ZIP

M THOMAS

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:

Barbara R Bacon JIGID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/03

Date

806-829-2764

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE