

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000503

1. Entity Name
MONROE FAMILY ENTERPRISES, LTD.



FILED

03 APR -2 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
256 N. SUMMIT STREET
FAIRHOPE AL 36532

Mailing Address
256 N. SUMMIT STREET
FAIRHOPE AL 36532-

2. Principal Place of Business

3. Mailing Address

PO Box 449

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

Fairhope AL

4. FEI Number 72-1345245

Applied For

Not Applicable

Zip

Country

Zip

36533

Country

Baldwin

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

MONROE, KAREN F.
11531 ANDY ROSSE LANCE
CAPTIVA FL 33924

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 Karen F. Monroe

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

2/10/03

DATE

9. Capital Contributions
as Shown on record.

\$235,000.00

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 # M97000000212
NAME PHILIP R. MONROE AND KAREN F. MONROE, L.L.
STREET ADDRESS 256 N. SUMMIT STREET
CITY-ST-ZIP FAIRHOPE AL 36532

STREET ADDRESS

PO Box 449

CITY-ST-ZIP

Fairhope AL 36533

DOCUMENT #
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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:

Karen F. Monroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/03 251 928 6759

Date

Daytime Phone #

CR2E003 (10/02)

0020267 MB