

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000216


1. Entity Name  
ELLENBURG FAMILY LIMITED PARTNERSHIP

Principal Place of Business  
4807 CALHOUN MEMORIAL HIGHWAY  
EASLEY SC 29642

Mailing Address  
P.O. BOX 786  
EASLEY SC 29641-0786

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
00 JUL -7 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number	58-2379836	Applied For
		Not Applicable

6. Name and Address of Current Registered Agent  
DARBY, HERBERT F  
327 NORTH HERNANDO STREET  
LAKE CITY FL 32055

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature is required when re-registering)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$400,000.00	10. Amount of Capital Contribution in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
STREET ADDRESS	ELLENBURG, RALPH M SR.	CITY - ST - ZIP	
CITY - ST - ZIP	4807 CALHOUN MEMORIAL HIGHWAY		
	EASLEY SC 29642		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	ELLENBURG, HELEN P	CITY - ST - ZIP	
CITY - ST - ZIP	4807 CALHOUN MEMORIAL HIGHWAY		
	EASLEY SC 29642		
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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: Ralph M Ellenburg Sr. 864-859-7131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 7-7-2000 Daytime Phone #