# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020773 MB

DOCUMENT # B98000000678

1. Entity Name
ODOM FAMILY, L.P.

FILED
03 MAY 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O ROY L. CARLSON, THE R.C. MGMT COMPANY
3838 CAMINO DEL RIO NORTH, SUITE 300
SAN DIEGO CA 92108

Mailing Address
C/O ROY L. CARLSON, THE R.C. MGMT COMPANY
3838 CAMINO DEL RIO NORTH, SUITE 300
SAN DIEGO CA 92108

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DUE BY MAY 1, 2003

4. FEI Number 33-0874266 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GARNER, JIM
C/O SALTMARSH, CLEAVELAND & GUND
501 WEST 19TH STREET
PANAMA CITY FL 32402-1100

**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.

300016338223
04/21/03--01005--017 **409.75

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

9. Capital Contributions as Shown on record. $300,000.00

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 # | | STREET ADDRESS | |
| NAME | ODOM, DANIEL B | | |
| STREET ADDRESS | C/O 3838 CAMINO DEL RIO NORTH, STE 300 | CITY-ST-ZIP | |
| CITY-ST-ZIP | SAN DIEGO CA 92108 | | |
| DOCUMENT # | | STREET ADDRESS | 300016338223 05/21/03--01006--011 **116.50 |
| NAME | ODOM, THOMAS B | | |
| STREET ADDRESS | C/O 3838 CAMINO DEL RIO NORTH, STE 300 | CITY-ST-ZIP | |
| CITY-ST-ZIP | SAN DIEGO CA 92108 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |

CR2E003 (10/02)

STAPLE CHECK HERE

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

Thomas B. Odom

**SIGNATURE:** X SIGNATURE REQUIRED GP 9 APR 03 619 563 5693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #