

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000763

1. Entity Name

MCWILLIAMS PARTNERS, L.C.

Principal Place of Business

517-B N HARBOR CITY BLVD.  
MELBOURNE FL 32935

Mailing Address

517-B N HARBOR CITY BLVD.  
MELBOURNE FL 32935

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3392452

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MCWILLIAMS, DAVID T  
517-B N HARBOR CITY BLVD.  
MELBOURNE FL 32935

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

## 9. MANAGING MEMBERS/MANAGERS

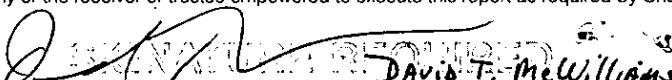
## 10.

## ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete D. JOAN MCWILLIAMS FAMILY L.P. 517-B N HARBOR CITY BLVD. MELBOURNE FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete DAVID T. MCWILLIAMS FAMILY L.P. 517-B N HARBOR CITY BLVD. MELBOURNE FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



DAVID T. MCWILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/8/02

321-255-5152

Date

Daytime Phone #

CR2E083 (901)