2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am Secretary of State DOCUMENT # P01000057223 1. Entity Name 05-02-2002 90134 029 ***150.00 PARTNERSHIP PROPERTIES, INC. Principal Place of Business Mailing Address 6547 MEANDERING WAY 6547 MEANDERING WAY RULDAnes **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address 400 Beach Suite, Apt. #, etc. 400 BEACH Rd. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For VENICE VENTCE, FL 65-1113449 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 4514 Fee Required 7. Name and Address of New Registered Agent WELSH, WAYNE WELSH, WAYNE A Street Address (P.O. Box Number is Not Acceptable) 400 BEACH Rd 6547 MEANDERING WAY **BRADENTON FL 34202** VENICE 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 4-17-02 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME WELSH, WAYNE A NAME 6547 MEANDERING WAY STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition WELSH, IDA MAE NAME NAME STREET ADDRESS 6547 MEANDERING WAY STREET ADDRESS CITY-ST-7IP BRADENTON FL 34202 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: _

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED