

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013887 AT

DOCUMENT # A00000001114



FILED
03 MAY -5 PM 7:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Entity Name
VOGEL FAMILY PROPERTIES, LTD.

Principal Place of Business
~~586 BELLE POINT DRIVE~~
ST. PETE BEACH FL 33706

Mailing Address
~~386 BELLE POINT DRIVE~~
ST. PETE BEACH FL 33706



2. Principal Place of Business
6210 BRANDON ST
Suite, Apt. #, etc.

3. Mailing Address
504 WESTBOROUGH LN
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
WEST PALM BEACH FL
Zip 33418-1489 **Country** US

City & State
SAFETY HARBOR FL
Zip 34695 **Country** US

4. FEI Number 59-3658366

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILKINSON, G. BARRY
% LEFTER, CUSHMAN & WILKINSON, P.A.
696 FIRST AVE. NORTH, SUITE 201
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name BARRY J. VOGEL
Street Address (P.O. Box Number is Not Acceptable)
504 WESTBOROUGH LN
City SAFETY HARBOR **FL** **Zip Code** 34695

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 **DATE** 4/1/03

9. Capital Contributions as Shown on record. \$3,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$526.25

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 # L00000008400
NAME VOGEL PROPERTIES, L.L.C.
STREET ADDRESS ~~586 BELLE POINT DRIVE~~
CITY-ST-ZIP ~~ST. PETERSBURG FL 33706~~

STREET ADDRESS 6210 BRANDON ST
CITY-ST-ZIP WEST PALM BEACH, FL 33418-1489

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STREET ADDRESS 300018005203
CITY-ST-ZIP 05/05/03--01051--021 **526.25

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STREET ADDRESS
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: **DATE** 04/1/03 **Daytime Phone #** (561) _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CRCE003 (10/02)

SIMPLE CHECK HERE