

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

WL  
2/26

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DOCUMENT # **A02000000089**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 24 PM 3:18

1. Entity Name  
**CARRON FAMILY LIMITED PARTNERSHIP**

Principal Place of Business  
**233 W. WATERS AVE.  
TAMPA FL 33604**

Mailing Address  
**233 W. WATERS AVE.  
TAMPA FL 33604**



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  
**03-0379827**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEFLOCH, EUGENE M ESQ  
1311 N. WESTSHORE BLVD.  
SUITE 205  
TAMPA FL 33607**

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.

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

9. Capital Contributions as Shown on record. **\$30,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>CARRON, LOUIS J SR. 17125 ORANGEWOOD DRIVE LUTZ FL 33548</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	<b>000010200310 01/17/03--01091--015 **210.00</b>
STREET ADDRESS CITY-ST-ZIP	<b>000010200310 02/24/03--01056--005 **88.75</b>
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
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: *Louis J Carron Sr.* **01-15-03** **933-7861**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE