

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UJ12539 A1

DOCUMENT # A02000001549



FILED

03 FEB 24 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
HEYDT FAMILY PARTNERSHIP, LTD.

Principal Place of Business
**777 E. ATLANTIC AVE., SUITE Z #326
DELRAY BEACH FL 33483**

Mailing Address
**777 E. ATLANTIC AVE., SUITE Z #326
DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEYDT, CANDICE M
777 E. ATLANTIC AVE., SUITE Z, #326
DELRAY BEACH FL 33483**

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

DATE

9. Capital Contributions as Shown on record. **\$29,700.00**

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 # **P00000018640**
NAME **HEYDT OF TRADITION, INC.**
STREET ADDRESS **777 E. ATLANTIC AVE., SUITE Z, #326**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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M THOMAS

DOCUMENT #
NAME
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: *Candice M. Heydt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date *02/08/03* Daytime Phone # *243-8072*

CFR2E003 (10/02)

STAPLE CHECK HERE