

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014220 AT

**DOCUMENT #** A93000000832

**1. Entity Name**  
PORTA OAKS, LTD.



FILED  
03 MAY -6 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
13925 58TH STREET NORTH  
CLEARWATER FL 33760

**Mailing Address**  
13925 58TH STREET NORTH  
CLEARWATER FL 33760



**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** 59-3195457

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WOHLWEND, BETH**  
13925 58TH STREET NORTH  
CLEARWATER FL 33760

**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.** **\$1,477,471.00**

**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 #	P93000056239
NAME	PORTA HOLDINGS II, INC.
STREET ADDRESS	17755 U.S. 19 NORTH, SUITE 150
CITY-ST-ZIP	CLEARWATER FL 34624
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

800018294828  
05/06/03 01062 018 \*\*535.00

**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:** BETH WOHLWEND **DATE:** 4/30/03 **DAYTIME PHONE #:** 727-524-4821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CFR2E003 (10/02)

STAPLE CHECK HERE