


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015090 AT

<b>DOCUMENT #</b> <b>A93000000957</b>	
<b>1. Entity Name</b> SZUMLANSKI FAMILY LIMITED PARTNERSHIP	

FILED

2003 MAY -8 AM 8:53

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



<b>Principal Place of Business</b> 1487 SANDCASTLE RD. SANIBEL FL 33957	<b>Mailing Address</b> 1487 SANDCASTLE RD. SANIBEL FL 33957
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

<b>4. FEI Number</b> <b>65-0449617</b>	Applied For
	Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SZUMLANSKI, BARRY E 1487 SANDCASTLE RD. SANIBEL FL 33957	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.

<b>9. Capital Contributions as Shown on record.</b> <b>\$2,200,000.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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												
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**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:** SZUMLANSKI    **SIGNATURE REQUIRED**    04/16/03    Date    Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)