

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

142

0002535 AB

DOCUMENT # A95000001153

1. Entity Name
BISANZ FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 25 AM 8:37

W/8/26

Principal Place of Business 715 WILLOWOOD LANE NAPLES FL 34108	Mailing Address 715 WILLOWOOD LANE NAPLES FL 34108
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY SEPTEMBER 24, 2003

6. Name and Address of Current Registered Agent

**KELLY, CHARLES M JR.
2640 GOLDEN GATE PKWY.
STE. 315
NAPLES FL 34105-3203**

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. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	NAME BISANZ, LEONARD W	STREET ADDRESS	
	STREET ADDRESS 715 WILLOWOOD LANE		
	CITY-ST-ZIP NAPLES FL 34108		
DOCUMENT #	NAME BISANZ, HELEN C	STREET ADDRESS	900021861139
	STREET ADDRESS 715 WILLOWOOD LANE		07/28/03--01066--005 **526.25
	CITY-ST-ZIP NAPLES FL 34108		
DOCUMENT #	NAME	STREET ADDRESS	
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	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	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: *Helen C. Bisanz* **HELEN C. BISANZ** 07-11-03 651-695-0269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (4/03)

August 23, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attn: Mr. Lee Rivers
Document Specialist

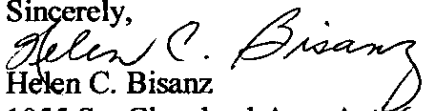
Dear Mr. Rivers;

I did not receive the first letter regarding the Bisanz Family Limited Partnership document that it was due in May.

Therefore the late fee should not be charged.

Thank you for your consideration in this matter.

Sincerely,


Helen C. Bisanz
1055 So. Cleveland Ave. Apt. 6
St. Paul, MN 55116

Enc. Aug. 11, 2003, Letter Number: 003A000445712
Enc. 2003 Limited Partnership Uniform Business Report (UBR)
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