


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016613 AT

**DOCUMENT #** A97000000186

**1. Entity Name**  
THE BERT E. ROPER AND BARBARA C. ROPER FAMILY LIMITED PARTNERSHIP



FILED

03 MAY -2 PM 6:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

**Principal Place of Business**  
12302 SUMMERPORT LANE  
WINDERMERE FL 34786

**Mailing Address**  
12302 SUMMERPORT LANE  
WINDERMERE FL 34786



**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** 59-3420295 Applied For  
Not Applicable

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

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

ASMA, WILLIAM N P.A.  
886 SOUTH DILLARD STREET  
WINTER GARDEN FL 34787

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

**9. Capital Contributions** as Shown on record. **\$6,542,800.00**

**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 #	ROPER, BERT E
NAME	12302 SUMMERPORT LANE
STREET ADDRESS	WINDERMERE FL 34786
CITY-ST-ZIP	
DOCUMENT #	ROPER, BARBARA C
NAME	12302 SUMMERPORT LANE
STREET ADDRESS	WINDERMERE FL 34786
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	700017918817
STREET ADDRESS	05/02/03--01125--005 ***526.25
CITY-ST-ZIP	
STREET ADDRESS	
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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:**  **REQUIRED** Bert E. Roper 4/30/03 407-656-3233

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

CR2E003 (10/02)

STAPLE CHECK HERE