

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013072 AT

DOCUMENT # A97000001109
 1. Entity Name
ABLEIDINGER FAMILY LIMITED PARTNERSHIP



FILED
 03 APR -4 PM 4:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**4529 CHEVAL BLVD.
 LUTZ FL 33549**

Mailing Address
**4529 CHEVAL BLVD.
 LUTZ FL 33549**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3450672** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ABLEIDINGER, ROBERT J
 4529 CHEVAL BLVD.
 LUTZ FL 33558**

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. **\$1,000.00**

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 #	
NAME	ABLEIDINGER, ROBERT J
STREET ADDRESS	4529 CHEVAL BLVD.
CITY-ST-ZIP	LUTZ FL 33558
DOCUMENT #	
NAME	ABLEIDINGER, SUSAN
STREET ADDRESS	4529 CHEVAL BLVD.
CITY-ST-ZIP	LUTZ FL 33558
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	500015318595 04/04/03--01055--001 **141.05
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>BJK</i>
CITY-ST-ZIP	
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: *Robert J. Ableidinger* ROBERT J. ABLEIDINGER **3/29/03 813 949-5473**

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

CR2E003 (10/02)