2002 UNIFORM BUSINESS REPORT (UBR)

0015216 AT

DOCUMENT # A97000001149

FILED

02 APR 12 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

THE ROUBICEK FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1391 SALVADORE COURT MARCO ISLAND FL 34145	P.O. BOX 1268 MARCO ISLAND FL 34146

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 65-0777034 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROUBICEK, CARLOS 1391 SALVADORE COURT MARCO ISLAND FL 34145	Name: William Schweikhardt Street Address (P.O. Box Number is Not Acceptable): 900 Sixth Avenue South Suite 203 City: Naples **FL** Zip Code: 34102

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
S.A. Filed 5,990,000.	$5,990,000.00	

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 #	~~P97000011580~~	STREET ADDRESS	
NAME	~~DAMAR DEVELOPMENT, INC.~~	CITY-ST-ZIP	
STREET ADDRESS	~~1391 SALVADORE COURT~~		
CITY-ST-ZIP	~~MARCO ISLAND FL 34145~~		
DOCUMENT #	P00000055510	STREET ADDRESS	
NAME	ROUBICEK MANAGEMENT COMPANY, INC.	CITY-ST-ZIP	400005273554--1 -04/16/02--01011--005 ***2276.25 ****526.25
STREET ADDRESS	1391 SALVADORE COURT		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	FF $526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

Amendment filed 3/19/02.

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: SIGNATURE REQUIRED 3/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE