

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015231 AT

DOCUMENT # A98000000848



1. Entity Name
4227 ENTERPRISE AVENUE, LTD.

FILED

03 APR 18 PM 1:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**102 CLUBHOUSE DR., SUITE 377
NAPLES FL 34105**

Mailing Address
**102 CLUBHOUSE DR., SUITE 377
NAPLES FL 34105**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0845489**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKE, WILLIAM M ESQ.
C/O BOND, SCHOENECK & KING, P.A.
1167 THIRD STREET SOUTH, SUITE 107
NAPLES FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

**700016232-667
04/18/03--01011--011 **526.25**

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. **\$980,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000030534**
NAME **4227 ENTERPRISE AVENUE, INC.**
STREET ADDRESS **102 CLUBHOUSE DR., SUITE 377**
CITY-ST-ZIP **NAPLES FL 34105**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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: Mary Catherine Keller **TCOBIN KELLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/03
Date

239-261-8337
Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE