# 2002 UNIFORM BUSINESS REPORT (UBR)

001707 AT

DOCUMENT # A99000002006

1. Entity Name

THE VENICE COMPANY, LTD., LLLP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -5 AM 10:03

| Principal Place of Business | Mailing Address |
|---|---|
| 101 W. VENICE AVENUE. SUITE 25<br>VENICE FL 34285 | 101 W. VENICE AVENUE. SUITE 25<br>VENICE FL 34285 |

| 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 65-0098212 ☐ 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 |
|---|---|
| HARTLEY, MICHAEL T<br>101 W. VENICE AVENUE, SUITE 25<br>VENICE FL 34285 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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 |
|---|---|---|
| $0.00 | | |

**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 # | | STREET ADDRESS | |
| NAME | TRAMMELL, N. JEAN TRUSTEE | CITY-ST-ZIP | |
| STREET ADDRESS | 418 GULF DRIVE | | |
| CITY-ST-ZIP | VENICE FL 34285 | | |
| DOCUMENT # | | STREET ADDRESS | 500004311755--4 |
| NAME | TRAMMELL, N. JEAN | CITY-ST-ZIP | -02/12/02--01054--001 |
| STREET ADDRESS | 418 GULF DRIVE | | ****150.00 ****150.00 |
| CITY-ST-ZIP | VENICE FL 34285 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | HIGMAN, CAROL A | CITY-ST-ZIP | |
| STREET ADDRESS | 622 SOUTH WEST 23RD PLACE | | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | TRAMMELL, THOMAS B | CITY-ST-ZIP | |
| STREET ADDRESS | 418 GULF DRIVE | | |
| CITY-ST-ZIP | VENICE FL 32485 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | EHRHART, JEAN R TRUSTEE | CITY-ST-ZIP | |
| STREET ADDRESS | 1348 CAPRI ISLES BOULEVARD | | |
| CITY-ST-ZIP | VENICE FL 34292 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | MICHAEL T. & GLADYS G. HARTLEY, TENANTS | CITY-ST-ZIP | |
| STREET ADDRESS | 520 VALENCIA ROAD | | |
| CITY-ST-ZIP | VENICE FL 34285 | | |

CR2E003 (9/01)

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:** S Michael G. Hartley TIRED 1-29-02 (941)485-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #