

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A94000000794

1. Entity Name

VALVERDE FAMILY LIMITED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4107 Saltwater Blvd

Suite, Apt. #, etc.

3. Mailing Address

2109 E. Palm Avenue

Suite, Apt. #, etc.

Suite 203

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33615

Country

Zip

33605

Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

65-0536497

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Buddy J. Levý**

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

2109 E. Palm Ave, Suite 203

City Tampa,

FL

Zip Code
33605

**DO NOT WRITE
IN THIS SPACE**

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

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

Buddy J. Levy

9/18/02

DATE

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

**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 #

P95000018216

NAME

VALCO GROUP, INC.

STREET ADDRESS

2109 E. PALM AVENUE, SUITE 203

CITY - ST - ZIP

TAMPA FL 33605

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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DOCUMENT #

NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Buddy Levy
John Coffill

9/18/02

Date

813-241-6441

Daytime Phone #

FILED
02 SEP 24 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DO NOT WRITE
IN THIS SPACE**

CR2E003B (12/01)

STAPLE CHECK HERE