

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002469**

1. Entity Name  
**BMR INVESTMENTS, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 21 PM 3:11

LR  
2/24

Principal Place of Business  
C/O ROBERT E. BREEN  
1560 LANCASTER TERRACE, BROADVW TERR. #308  
JACKSONVILLE FL 32204-4146

Mailing Address  
C/O ROBERT E. BREEN  
1560 LANCASTER TERRACE, BROADVW TERR. #308  
JACKSONVILLE FL 32204-4146



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, 2003

4. FEI Number **59-3416314**

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

**BREEN, ROBERT E**  
**BROADVIEW TERRACE #308**  
**1560 LANCASTER TERRACE**  
**JACKSONVILLE FL 32204-4146**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$2,181,372.00**

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 # **P96000103627**  
NAME **BMR INVESTMENTS G.P., INC.**  
STREET ADDRESS **1560 LANCASTER TERRACE, BROADVW TERR #308**  
CITY-ST-ZIP **JACKSONVILLE FL 32204-4146**

STREET ADDRESS

CITY-ST-ZIP

**700012875837**  
**02/21/03 01015 009 \*\*526.25**

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/17/03

Date

Daytime Phone #

CP2E003 (10/02)