

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020661 MB

DOCUMENT # B02000000016

1. Entity Name  
LOS ATREVIDOS LIMITED PARTNERSHIP



FILED  
03 APR -1 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~200 WEST MARCY~~  
SANTA FE NM 87501

Mailing Address  
P.O. BOX 236  
SANTA FE NM 87504-0236



2. Principal Place of Business  
23 Tano Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

85-6068644

Applied For

Not Applicable

Zip

87506

Country

Zip

Country

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

EMA, CHRISTOPHER J  
2600 N.E. 14TH STREET CAUSEWAY  
POMPANO BEACH FL 33062

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.

400014962034

04/01/03--01031--005 \*\*526.25

DATE

9. Capital Contributions  
as Shown on record.

\$216,075.96

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 # F02000000319  
NAME LOS ATREVIDOS, INC.  
STREET ADDRESS 200 WEST MARCY  
CITY-ST-ZIP SANTA FE NM 87501

STREET ADDRESS

23 Tano Road

CITY-ST-ZIP

Santa Fe, NM 87506

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CITY-ST-ZIP

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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*  
Warren A. Thompson 3-25-03 505-474-482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE