

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31112**

1. Entity Name  
**THE O.P. FAMILY LIMITED PARTNERSHIP**



**FILED**

03 MAY -7 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**4229 HIGHWAY 90  
PACE FL 32571**

Mailing Address  
**4229 HIGHWAY 90  
PACE FL 32571**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3043915**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HENRY, EDWIN  
4229 HIGHWAY 90  
PACE FL 32571**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$37,955.52**  
10. Amount of Capital Contributions in FLORIDA to date. **37,955.52**  
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 #	P94000064377	STREET ADDRESS	
NAME	HENRY INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	4229 HIGHWAY 90		
CITY-ST-ZIP	PACE FL 32571		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600015321126
STREET ADDRESS			04/04/03--01062--003 **141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600015321126
STREET ADDRESS			05/07/03--01094--006 **213.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: [Signature] **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date **4/21/03** (850) 994-0984  
Daytime Phone #

0007265  
AT

CR2E003 (10/02)

STAPLE CHECK HERE