

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007622 AT

DOCUMENT # **A00000000078**

1. Entity Name
EAGER FAMILY LIMITED PARTNERSHIP



FILED
03 MAY -2 PM 6:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM



Principal Place of Business
**17251 N.E. 75 STREET
WILLISTON FL 32696**

Mailing Address
**P.O. BOX 954
WILLISTON FL 32696**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **65-0991212**

Applied For

Not Applicable

Zip

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

**SMITH, MARTY
101 SOUTHWEST 3RD STREET
BOND, ARNETT, PHELAN, SMITH & CRAGGS, PA
OCALA FL 34474**

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. **\$5,900,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$5,900,000.00**

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 # **P00000002126**
NAME **EAGER INVESTMENTS, INC.**
STREET ADDRESS **325 CALUSA STREET**
CITY-ST-ZIP **KEY LARGO FL 33037**

STREET ADDRESS **17253 NE 75th ST.**
CITY-ST-ZIP **Williston, FL 32696**

DOCUMENT # **7800017917587**
NAME
STREET ADDRESS
CITY-ST-ZIP **05/02/03--01118--026 **\$26.25**

DOCUMENT #
NAME
STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/03 (352) 528-9309

Date

Daytime Phone #

CR2E003 (10/02)