

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A00000000245**



1. Entity Name  
**OFFER FAMILY PARTNERSHIP, LTD.**

Principal Place of Business  
**4010 BOY SCOUT BOULEVARD, SUITE 700**  
TAMPA FL 33607

Mailing Address  
**4010 BOY SCOUT BOULEVARD, SUITE 700**  
TAMPA FL 33607

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

**4. FEI Number** **59-3632903**

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**

**OFFER, FRANK J III**  
**4010 BOY SCOUT BOULEVARD, SUITE 700**  
**TAMPA FL 33607**

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** **\$1,500,000.00**

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**OFFER, FRANK J III**  
**4010 BOY SCOUT BOULEVARD, SUITE 700**  
**TAMPA FL 33607**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MCCARTHY, SHARON M**  
**6619 HOLLANDAIRE DRIVE**  
**BOCA RATON FL 33433**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TAYLOR, JULIE A**  
**780 PROVIDENCE DRIVE**  
**LAWRENCEVILLE GA 30044**

STREET ADDRESS

CITY-ST-ZIP

**800010677608  
01/23/03--01064--018 \*\*526.25**

DOCUMENT #  
NAME  
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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 DELETED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/20/03 872-5890**

Date Daytime Phone #

1894001  
AV

CR2E003 (10/02)