2002 UNIFORM BUSINESS REPORT (UBR)

1 of 2

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DOCUMENT # A00000000411

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02 FEB 18 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

JOHN ROHDE, LTD.

Principal Place of Business	Mailing Address
115 THREE CROSS DRIVE KENANSVILLE FL 34739	115 THREE CROSS DRIVE KENANSVILLE FL 34739

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, 2002

4. FEI Number APPLIED FOR ☐ 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
FOSTER, MATTHEW J ESQ. C/O FOLEY & LARDNER 100 NORTH TAMPA STREET, SUITE 2700 TAMPA FL 33602-5804	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.

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$10,000.00		

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	ROHDE, JOHN 115 THREE CROSS DRIVE KENANSVILLE FL 34739	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (9/01)

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 John D. Rohde 1/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

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Form **SS-4**
(Rev. April, 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN FILED

OMB No. 1545-0003

02 FEB 18 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
John Rohde, Ltd.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
115 Three Cross Drive

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Kenansville, FL 34739

5b City, state, and ZIP code

6 County and state where principal business is located
Osceola County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions)
John Rohde (SSN#: 262-80-6812)

8a Type of entity (Check only one box.) (see instructions)

Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN)
- ☒ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify)
- ☐ Other (specify)
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify)
- ☐ Trust
- ☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country: N/A

9 Reason for applying (Check only one box.) (see instructions)

- ☒ Started new business (specify type): Limited Partnership
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type)
- ☐ Banking purpose (specify purpose)
- ☐ Changed type of organization (specify new type)
- ☐ Purchased going business
- ☐ Created a trust (specify type)
- ☐ Other (specify)

10 Date business started or acquired (month, day, year) (see instructions)
March 6, 2000

11 Closing month of accounting year (see instructions)
December 31

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (month, day, year)
N/A

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter -0-.* (see instructions)

Nonagricultural	Agricultural	Household

14 Principal activity (see instructions) Investment

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Please check one box.
☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name — Trade name

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) — City and state where filed — Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
407-892-7135

Name and title (Please type or print clearly.) John Rohde, General Partner

Fax telephone number (include area code)
407-892-6417

Signature — Date

Note: *Do not write below this line. For official use only.*

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying