2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000421

FILED
02 MAR -7 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001601 6 AT

1. Entity Name

H. S. SEKHON LIMITED PARTNERSHIP

Principal Place of Business
3568 LANDMARK TRAIL
PALM HARBOR FL 34684

Mailing Address
3568 LANDMARK TRAIL
PALM HARBOR FL 34684

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, 2002

4. FEI Number 59-3640160 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M ESQ.
2240 BELLEAIR ROAD, SUITE 160
CLEARWATER FL 33764

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.

SIGNATURE —(N/A)—
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #		STREET ADDRESS	
NAME	H.S. SEKHON, L.C.	CITY-ST-ZIP	
STREET ADDRESS	3568 LANDMARK TRAIL		
CITY-ST-ZIP	PALM HARBOR FL 34684		
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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: H.S. SEKHON L.C, G.P. 3/1/02 727-786-7968
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)