

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000475

1. Entity Name  
LECHNER FAMILY LIMITED PARTNERSHIP, LTD.



Principal Place of Business  
1810 SEVILLA BLVD., CONDO 104  
ATLANTIC BEACH FL 32223

Mailing Address  
1810 SEVILLA BLVD., CONDO 104  
ATLANTIC BEACH FL 32223

APPROVED  
AND  
FILED

03 MAR 21 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 59-3633188

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

PHILLIPS, STEPHEN L  
3560 SOUTH THIRD STREET  
JACKSONVILLE BEACH FL 32250

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. \$4,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 4,000,000

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 # L00000002930  
NAME LECHNER FAMILY, LLC  
STREET ADDRESS 1810 SEVILLA BLVD., CONDO 104  
CITY-ST-ZIP ATLANTIC BEACH FL 32223

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400013515804  
03/04/03--01065--005 \*\*437.50

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400013515804  
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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

Date

Daytime Phone #

0006493 AT

CR2E003 (10/02)