

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 15 PM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A00000000488
1. Entity Name
GOODHEART PARTNERSHIP, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
352 EAGLE DRIVE

3. Mailing Address
352 EAGLE DRIVE

5/15

DO NOT WRITE IN THIS SPACE

MJH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State
JUPITER, FL

City & State
JUPITER, FL

4. FEI Number
65-0992194

Applied For
Not Applicable

Zip
33477

Country

Zip
33477

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 _____ DATE _____
Signature, typed or printed name of registered agent and date, if applicable.

9. Capital Contributions as Shown on record. **3,960,931.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$4,014,059 1,836,839**

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			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GOODHEART, HOWARD L 352 EAGLE DRIVE JUPITER, FL 33477	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GOODHEART, HELEN 352 EAGLE DRIVE JUPITER, FL 33477	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	200005637022-2 -05/29/02--01025--011 ****526-25 ****526-25
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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)(b), 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:  **Howard Goodheart** 4-11-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR25003R (12/01)