

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015151 AT

DOCUMENT # A00000000630

1. Entity Name  
TRAPP INVESTMENTS, LTD.



FILED

03 JAN -8 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
302 18TH AVENUE SOUTH  
NAPLES FL 34102

Mailing Address  
302 18TH AVENUE SOUTH  
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3669975

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

TRAPP, ROBERT R  
302 18TH AVENUE SOUTH  
NAPLES FL 34102

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. \$20,000,000.00

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 # P00000080236  
NAME TRAPP INVESTMENTS, INC.  
STREET ADDRESS 302 18TH AVENUE SOUTH  
CITY-ST-ZIP NAPLES FL 34102

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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M THOMAS

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:

*Robert R. Trapp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/5/03 (739) 263-1890

CR2E003 (10/02)