

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000719

1. Entity Name  
MAGUIRE ROAD PROPERTY, LTD.



FILED  
03 APR 18 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6355 METROWEST BLVD  
SUITE 330  
ORLANDO FL 32835

Mailing Address  
6355 METROWEST BLVD  
SUITE 330  
ORLANDO FL 32835



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 59-3644737

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

ROSSMAN, NANCY A  
6355 METROWEST BLVD  
SUITE 330  
ORLANDO FL 32835

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00

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 # P00000043494  
NAME MAGUIRE ROAD PROPERTY, INC.  
STREET ADDRESS 6355 METROWEST BLVD SUITE 330  
CITY-ST-ZIP ORLANDO FL 32835

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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:

*Nancy A Rossman, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/7/03  
Date

407-523-2323  
Daytime Phone #

CR2E003 (10/02)

0008563 AT

STAPLE CHECK HERE