

2002 UNIFORM BUSINESS REPORT (UBR)

000669 AT

DOCUMENT # A00000001013

1. Entity Name

LINBERG PROPERTIES FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 17 PM 1:42

W
5/31

Principal Place of Business

2640 OLD MOULTRIE ROAD, SUITE 3
ST. AUGUSTINE FL 32086

Mailing Address

P.O. DRAWER 3127
ST. AUGUSTINE FL 32085



2. Principal Place of Business

2460 OLD MOULTRIE RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3

City & State

ST AUGUSTINE

City & State

FL

4. FEI Number

59-3655818

Applied For

Not Applicable

Zip

Country

32086

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANT, MOORE, MACDONALD & WELLS, P.A.
50 N. LAURA STREET, SUITE 3100
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name: GEORGE E. SADOWSKI
Street Address (P.O. Box Number is Not Acceptable):
2460 OLD MOULTRIE RD SUITE 3
ST AUGUSTINE FL
City: ST AUGUSTINE FL Zip Code: 32086

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: *George E. Sadowski* GEORGE E. SADOWSKI

4/28/02

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

DATE

9. Capital Contributions
as Shown on record.

\$425,000.00

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

DOCUMENT # P00000060183
NAME LINBERG, INC.
STREET ADDRESS 2640 OLD MOULTRIE ROAD, SUITE 3
CITY-ST-ZIP ST. AUGUSTINE FL 32086

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

George E. Sadowski SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/28/02

CR2E003 (9/01)