

# 2001 UNIFORM BUSINESS REPORT (UBR)

10/30

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 29 AM 10:03



**DOCUMENT #** A00000001038  
**1. Entity Name**  
 SANGER FAMILY LIMITED PARTNERSHIP

**Principal Place of Business**  
 208 S.E. 9TH STREET  
 FT. LAUDERDALE FL 33316

**Mailing Address**  
 208 S.E. 9TH STREET  
 FT. LAUDERDALE FL 33316

**2. Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**DUE BY SEPTEMBER 26, 2001**

**4. FEI Number**  
 65-1025925

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 SANGER, REGGIE D  
 208 S.E. 9TH STREET  
 FT. LAUDERDALE FL 33316

**7. Name and Address of New 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**9. Capital Contributions** as Shown on record. **\$100,000.00**

**10. Amount of Capital Contributions** in FLORIDA to date. **\$102,343**

**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 #	L00000007514
NAME	R.D. SANGER, L.L.C.
STREET ADDRESS	208 S.E. 9TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33316
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900004657889--5
CITY-ST-ZIP	-10/29/01--01090--002 ****978:75 ****926.25
STREET ADDRESS	FF #926.25
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:** REGGIE D. SANGER, MGR. PTE. *[Signature]* **954-463-8547**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)