

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001387 AT

DOCUMENT # A00000001069

1. Entity Name
PRESIDENTIAL CAPITAL PARTNERS, LLLP



FILED

03 MAY -5 PM 7:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

WJH

Principal Place of Business
8151 PETERS RD., SUITE 3300
PLANTATION FL 33324

Mailing Address
8151 PETERS RD., SUITE 3300
PLANTATION FL 33324



2. Principal Place of Business
1200 S. Pine Island Rd.

3. Mailing Address
1200 S. Pine Island Rd.

Suite, Apt. #, etc.
Suite #200

Suite, Apt. #, etc.
Suite #200

City & State
Plantation FL

City & State
Plantation, FL

DUE BY MAY 1, 2003

4. FEI Number 65-1027944

Applied For
Not Applicable

Zip
33324

Country
USA

Zip
33324

Country
USA

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

6. Name and Address of Current Registered Agent
MONDRE, RICHARD D
8151 PETERS RD., SUITE 3300
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

#200

City
Plantation

FL

Zip Code
33324

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 5/1/03

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

9. Capital Contributions as Shown on record. \$3,000.00

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 #	P00000064558	STREET ADDRESS	1200 S. Pine Island Road, #200	
NAME	PRESIDENTIAL CAPITAL PARTNERS GP, INC.	CITY-ST-ZIP	Plantation, FL 33324	
STREET ADDRESS	8151 PETERS RD., SUITE 3300			
CITY-ST-ZIP	PLANTATION FL 33324			
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
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NAME		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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/03 (904) 577-7733

Date Daytime Phone #

CR2E003 (10/02)