

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012575 AT

DOCUMENT # A00000001108

1. Entity Name
EMPIRE FLORIDA PROPERTIES, LTD.



FILED
03 APR 30 AM 11:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
18856 S.E. RED APPLE LANE
JUPITER FL 33458

Mailing Address
18856 S.E. RED APPLE LANE
JUPITER FL 33458



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1024097

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

CFRA, LLC
777 SOUTH HARBOUR ISLAND BLVD.
TAMPA FL 33602-5730

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. \$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 # P00000066923
NAME EMPIRE FLORIDA MANAGEMENT, INC.
STREET ADDRESS 18856 S.E. RED APPLE LANE
CITY-ST-ZIP JUPITER FL 33458

STREET ADDRESS 04/30/03--01075--010 **141.25
CITY-ST-ZIP 300017584543
04/30/03--01075--010 **141.25

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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 of Paul 4/21/03 561-743-0108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF2E003 (10/02)