

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED
03 APR 28 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001298

1. Entity Name
R.E.K.R., L.T.D., LLP.

Principal Place of Business
1320 CALLE DEL SOL CIRCLE
DAYTONA BEACH FL 32129

Mailing Address
1320 CALLE DEL SOL CIRCLE
DAYTONA BEACH FL 32129



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number 39-1022786
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MICHAEL D. MILLHORN, P.A.
STE 204, 10935 S.E. 177TH PLACE
SUMMERFIELD FL 34491

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. 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. **\$1,500,000.00**

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SCHNEIDER, ROY F. TRUSTEE	1320 CALLE DEL SOL CIRCLE	DAYTONA BEACH FL 32129
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SCHNEIDER, ELLEN G TRUSTEE	1320 CALLE DEL SOL CIRCLE	DAYTONA BEACH FL 32129
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESSES

STREET ADDRESS	CITY-ST-ZIP
Mr. & Mrs. Roy Schneider 941 Village Trail, Unit #B227 Port Orange, FL 32127	
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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: *Roy F. Schneider* *Ellen G. Schneider* *4/10/03*
4/10/03 86-756-439-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date Daytime Phone #

CR2E003 (10/02)