

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001318

1. Entity Name
ROUSSEAU FAMILY LTD.



Principal Place of Business
5100 N. FEDERAL HIGHWAY STE. 409
FT. LAUDERDALE FL 33308

Mailing Address
5100 N. FEDERAL HIGHWAY STE. 409
FT. LAUDERDALE FL 33308

FILED

2003 FEB 25 AM 11:26

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-1035349

Applied For

Not Applicable

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

LEGAL, LARRY
5100 N. FEDERAL HIGHWAY STE. 409
FT. LAUDERDALE FL 33308

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. \$480,000.00

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 #
NAME PULTZER, LIZA D
STREET ADDRESS 710 SOUTH COUNTRY RD
CITY-ST-ZIP PALM BEACH FL 33480

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME MCCLUSKEY, LILLIAN P
STREET ADDRESS 710 SOUTH COUNTRY RD
CITY-ST-ZIP PALM BEACH FL 33480

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME PULTZER, PETER M
STREET ADDRESS 710 SOUTH COUNTRY RD
CITY-ST-ZIP PALM BEACH FL 33480

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME LARRY LEGEL
STREET ADDRESS 5100 N FEDERAL HIGHWAY Suite 409
CITY-ST-ZIP FT LAUDERDALE FL 33308

STREET ADDRESS

CITY-ST-ZIP

CHIEF ADMINISTRATIVE OFFICER

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LARRY LEGEL
CHIEF ADMINISTRATIVE OFFICER

2-19-2 Date

Daytime Phone # 888-888-8888

CR2E003 (10/02)