

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011344 AT

DOCUMENT # A00000001331

1. Entity Name
HMS FAMILY PARTNERSHIP, LTD.



FILED

03 APR -3 PM 2:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
5701 NORTH PINE ISLAND ROAD, SUITE 200
TAMARAC FL 33321

Mailing Address
5701 NORTH PINE ISLAND ROAD, SUITE 200
TAMARAC FL 33321



2. Principal Place of Business

3. Mailing Address

PO Box 5459

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LIGHTHOUSE POINT FL

4. FEI Number 65-1028420

Applied For

Not Applicable

Zip

Country

Zip
33094-5459

Country
USA

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

CASSANDRA ENTERPRISES, LLC
5701 NORTH PINE ISLAND ROAD, SUITE 200
TAMARAC FL 33321

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.

\$3,428,668.40

10. Amount of Capital Contributions
in FLORIDA to date.

0

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
STREET ADDRESS
CITY-ST-ZIP
CASSANDRA ENTERPRISES, LLC
5701 NORTH PINE ISLAND ROAD, SUITE 200
TAMARAC FL 33321

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/1/03 954-783-0814

CR2E003 (10/02)