

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014477 AT

DOCUMENT # A00000001335

1. Entity Name
ATEM PARTNERSHIP, LTD.



Principal Place of Business
999 LAKE HOLLINGWORTH DRIVE
LAKELAND FL 33803

Mailing Address
999 LAKE HOLLINGWORTH DRIVE
LAKELAND FL 33803

FILED
03 APR 30 PM 12:10
SECRETARY OF STATE
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 **APPLIED FOR**

Applied For

Not Applicable

59-3720847

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

BECK, WESLEY
999 LAKE HOLLINGWORTH DRIVE
LAKELAND FL 33803

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

4/23/03
DATE

9. Capital Contributions
as Shown on record. **\$5,000,000.00**

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 # **P00000077918**
NAME **ATEM REAL ESTATE COMPANY, INC.**
STREET ADDRESS **999 LAKE HOLLINGWORTH DRIVE**
CITY-ST-ZIP **LAKELAND FL 33803**

STREET ADDRESS

CITY-ST-ZIP

04/30/03--01010--009 **526.25

DOCUMENT #
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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:

Wesley Beck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/03
Date

863 633 0269
Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE