

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002289 AB

DOCUMENT # A00000001867

1. Entity Name
THE NEWMAN FAMILY PROPERTIES, LTD.



FILED
03 AUG - 1 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O ROBBIE L. NEWMAN
3129 SYDNEY DOVER ROAD
DOVER FL 33527

Mailing Address
C/O ROBBIE L. NEWMAN
P.O. BOX 1380
DOVER FL 33527



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

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

DUE BY SEPTEMBER 24, 2003

4. FEI Number **59-3691728**
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

NEWMAN, ROBBIE L
3129 SYDNEY DOVER ROAD
DOVER FL 33527

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. **\$50,000.00**

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 #	NEWMAN, ROBBIE L TRUSTEE
NAME	P.O. BOX 1380
STREET ADDRESS	DOVER FL 3527
CITY-ST-ZIP	
DOCUMENT #	NEWMAN, GENE E TRUSTEE
NAME	P.O. BOX 1380
STREET ADDRESS	DOVER FL 3527
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

100021996271
08/01/03--01053--006 **838.75

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: *Robbie L. Newman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: *7-28-03* Daytime Phone #: *(813) 659-1532*

STAPLE CHECK HERE

CR2E003 (4/03)