

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001881

1. Entity Name
THE UDELL FAMILY LIMITED PARTNERSHIP



Principal Place of Business
MIMI STEIN, CPA
1764 N. CONGRESS AVE., STE. 200
WEST PALM BEACH, FL 33409

Mailing Address
MIMI STEIN, CPA
1764 N. CONGRESS AVE., STE. 200
WEST PALM BEACH, FL 33409



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-1058001

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UDELL, JAMES
2893 "E" RD.
LOXAHATCHEE GROVES, FL 33470

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. **\$4,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 **UDELL, JANE**
STREET ADDRESS **2893 E. ROAD**
CITY-ST-ZIP **LOXAHATCHEE GROVES, FL 33470**

STREET ADDRESS
CITY-ST-ZIP
U00000111642
04/13/04-80027-017 526.25

DOCUMENT #
NAME **UDELL, JAMES**
STREET ADDRESS **2893 "E" RD.**
CITY-ST-ZIP **LOXAHATCHEE GROVES, FL 33470**

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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 820, Florida Statutes

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE