

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008594 AT

**DOCUMENT # A00000002063**  
 1. Entity Name  
**LENNON/CRUISE FAMILY PARTNERSHIP, LTD.**



FILED

03 MAY -9 AM 10:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
 ROUTE 2, BOX 481  
 LAKE BUTLER FL 32054

Mailing Address  
 P.O. BOX 551260  
 JACKSONVILLE FL 32255

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

**DUE BY MAY 1, 2003**

City & State

4. FEI Number **59-3688046**  
 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**  
 SCHNEIDER, MICHAEL N  
 5150 BELFORT ROAD  
 BUILDING 100  
 JACKSONVILLE FL 32256

**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. **\$2,800,000.00**

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 #	P00000115535
NAME	LENNON/CRUISE INVESTMENTS, INC.
STREET ADDRESS	ROUT 2 BOX 481
CITY-ST-ZIP	LAKE BUTLER FL 32054
DOCUMENT #	
NAME	
STREET ADDRESS	
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	P00018679547
CITY-ST-ZIP	05/09/03--01082--088 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

**3-29-03**  
Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)