

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00152390 AT

DOCUMENT # A010000000035

1. Entity Name  
ESSON PROPERTIES, LTD.



FILED

03 MAY -6 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8477 BAY COLONY DRIVE, 12 NORTH  
NAPLES FL 34108

Mailing Address  
5811 PELICAN BAY BLVD., SUITE 600  
NAPLES FL 34108



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 65-1093568

Applied For

Not Applicable

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

FOWLER WHITE MYERS KRAUSE  
5811 PELICAN BAY BLVD., SUITE 600  
NAPLES FL 34108

Name FOWLER WHITE BOGGS BANKER, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
5811 PELICAN BAY BOULEVARD, SUITE 600

City NAPLES FL Zip Code 34108

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.

FOWLER WHITE BOGGS BANKER P.A.

SIGNATURE Andrew J. Krause / ANDREW J. KRAUSE

4-28-03

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

DATE

9. Capital Contributions as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,500,000.00

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 # P01000002623  
NAME ESSON PROPERTIES, INC.  
STREET ADDRESS 5811 PELICAN BAY BLVD., SUITE 600  
CITY-ST-ZIP NAPLES FL 34108

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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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 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/03

Date

Daytime Phone #

CP2E003 (10/02)

STAPLE CHECK HERE