

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# A010000000096

1. Entity Name

The Hodges Limited Partnership

FILED

02 NOV 13 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

100009027901
11/15/02--01082--004 **526.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

333 2nd St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 249

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

Cedar Key, FL

City & State

Cedar Key, FL

4. FEI Number

AH 04-3634800

Applied For

Not Applicable

Zip

32625

Country

Levy

Zip

32625

Country

Levy

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Todd Watson

Street Address (P.O. Box Number is Not Acceptable)

7785 Baymeadow Blvd.

Suite 107

City Jacksonville

FL

Zip Code

32256

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

DATE

9. Capital Contributions

as Shown on record. 2,040,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #

NAME A+M Hodges Inc.

STREET ADDRESS 333 2nd St.

CITY-ST-ZIP Cedar Key, FL 32625

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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:

Mildred Hodges

11-12-02

352-543-5756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Domestic Phone #

CR2E003B (12/01)