

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000174**1. Entity Name  
**THE FOX PARTNERSHIP, LTD.****FILED**

03 APR -7 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
**4535 OAK TREE COURT  
DELRAY BEACH FL 33445**Mailing Address  
**4535 OAK TREE COURT  
DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**DUE BY MAY 1, 2003**4. FEI Number **APPLIED FOR**  
**65-1079184**

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

**FOX, HOWARD S  
4535 OAK TREE COURT  
DELRAY BEACH FL 33445**

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. **\$4,500,000.00**10. Amount of Capital Contributions  
in FLORIDA to date. **1,300,000**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 # **P00000077181**  
NAME **THE BACI GROUP, INC.**  
STREET ADDRESS **4535 OAK TREE COURT**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **100014550504**  
NAME **03/24/03--01046--022 \*\*526.25**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **STREET ADDRESS**

CITY-ST-ZIP

DOCUMENT # **STREET ADDRESS**

CITY-ST-ZIP

DOCUMENT # **STREET ADDRESS**

CITY-ST-ZIP

DOCUMENT # **STREET ADDRESS**

CITY-ST-ZIP

**M. THOMAS**

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: **HOWARD FOX**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #