

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016285 AT

DOCUMENT # **A01000000236**



1. Entity Name
GTB MOBILE HOME LIMITED PARTNERSHIP

FILED
03 APR -8 AM 7:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**34350 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684**

Mailing Address
**34350 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684**



2. Principal Place of Business
1210 US HWY 19

3. Mailing Address
1210 US HWY 19

Suite, Apt. #, etc.
Suite 4

Suite, Apt. #, etc.
Suite 4

DUE BY MAY 1, 2003

City & State
Holiday FL

City & State
Holiday FL

4. FEI Number **59-3699108**

Applied For
Not Applicable

Zip Country
34690 USA

Zip Country
34690 USA

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

**HAKIM, JEAN
34350 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684**

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. **\$10,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000013616**
NAME **NEW ERA MANAGEMENT, INC.**
STREET ADDRESS **34350 U.S. HIGHWAY 19 NORTH**
CITY-ST-ZIP **PALM HARBOR FL 34684**

STREET ADDRESS
CITY-ST-ZIP

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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

4/2/03 727-943-5252
Date Daytime Phone #

CR2E003 (10/02)