

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

City & State
Holiday, FL

City & State
Holiday, FL

Zip Country
34690 USA

Zip Country
34690 USA

DUE BY MAY 1, 2003

4. FEI Number **59-3699108** 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

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
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	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

100015462161
04/08/03--01031--003 **167.50

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 **4/2/03** **727-943-5252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)