

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

DOCUMENT #

1. Entity Name **A01000000315**

**Petunia Properties Ltd
440 South Federal Highway
103**

Deerfield Bch, Fla 33441

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

440 S Federal Highway

3. Mailing Address

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

Zip

33441

Country

usa

Zip

Country

4. FEI Number

65-1091711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DUE BY MAY 1

DO NOT WRITE IN THIS SPACE

FILED

02 MAY 10 PM 1:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ann Marie Imbriale

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

2731 NE 14th Street

City **Pompano Bch, Fla 33062**

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.

SIGNATURE

Ann Marie Imbriale CPA
Signature, typed or printed name of registered agent and title if applicable.

DATE

4/6/07

9. Capital Contributions
as Shown on record.

7500.00

10. Amount of Capital Contributions
in FLORIDA to date.

7500.00

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
STREET ADDRESS
CITY-ST-ZIP
**Petunia Management LLC
440 S Federal Highway 103
Deerfield Beach, Fla 33441**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
L01000003366

STREET ADDRESS

CITY-ST-ZIP

**300005505743--1
-05/13/02--01041--003
****141.25 ****141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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:

Ann Marie Imbriale CPA

4/6/07

954-421-5055

CR2E003B (12/01)