

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007859 AT

DOCUMENT # A01000000330

1. Entity Name
BRIAN V. CROSS FAMILY PARTNERSHIP, LTD.



FILED

03 MAR -5 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
251 NEW GATE LOOP
HEATHROW FL 32746-4127

Mailing Address
251 NEW GATE LOOP
HEATHROW FL 32746-4127



2. Principal Place of Business,
11075 CONISTON WAY
Suite, Apt. #, etc.
WINDEMERE FL.
City & State

3. Mailing Address
11075 CONISTON WAY
Suite, Apt. #, etc.
WINDEMERE, FL.
City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3708149

Applied For
Not Applicable

Zip 34876 Country USA

Zip 34876 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

CROSS, BRIAN V
251 NEW GATE LOOP
HEATHROW FL 32746-4127

Name CROSS, BRIAN V.
Street Address (P.O. Box Number is Not Acceptable)
11075 CONISTON WAY
City WINDEMERE FL Zip Code 34876

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

2-5-03
DATE

9. Capital Contributions as Shown on record. \$1,482,883.88

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 # P00000086849
NAME A.I.J. & B., INC.
STREET ADDRESS 251 NEW GATE LOOP
CITY-ST-ZIP HEATHROW FL 32746-4127

STREET ADDRESS 11075 CONISTON WAY
CITY-ST-ZIP WINDEMERE, FL 34876

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

800012226478
02/10/03--01093--006 **150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

800012226478
03/04/03--01099--001 **385.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

Signature

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: BRIAN V. CROSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-5-03

Date Daytime Phone #

(407) 876-8432

CR2E003 (10/02)