

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A01000000440

1. Entity Name
LEASON FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**17 ROSE DRIVE
FT. LAUDERDALE FL 33316**

Mailing Address
**17 ROSE DRIVE
FT. LAUDERDALE FL 33316**

FILED

03 MAR -6 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

1535 S.E. 17th Street

1535 S.E. 17th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B206

Suite B206

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

Zip

Country

Country

33316

USA

33316

USA

DUE BY MAY 1, 2003

4. FEI Number **04-3628018**

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

**FEINERMAN, STANLEY S
17 ROSE DRIVE
FT. LAUDERDALE FL 33316**

Name

Stanley S. Feinerman

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

1535 S.E. 17th Street, Suite B206

City

Ft. Lauderdale

FL

Zip Code

33316

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

Stanley S. Feinerman

DATE

9. Capital Contributions as Shown on record. **\$1,250,000.00**

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 # **P01000032479**
NAME **LEASON MANAGEMENT CO., INC.**
STREET ADDRESS **17 ROSE DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

STREET ADDRESS

1535 S.E. 17th Street, Suite B206

CITY-ST-ZIP

Ft. Lauderdale, FL 33316

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100013344641

03/04/03 01002 006 **526.00

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

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
Michael Leason, President
Leason Management Co., Inc., G.P. 2/21/03 787-850 7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)