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

## A0100000618 DOCUMENT #

1. Entity Name

SUNRISE FL 33328

PANTHERS HOCKEY LLLP

Principal Place of Business ONE PANTHER PARKWAY



Mailing Address
ONE PANTHER PARKWAY

SUNRISE FL 33328

03 MAY -6 PM 1: 96 SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business     3. Mailing Address							
·					<del>:</del>		
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2003			
City & State		City & State		4. FEI Number 65 1102344-	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.7	75 Additional Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	7. Name and Address of New Registered Agent			
DUFFY, WILLI	AM		Name				
ONE PANTHER PARKWAY		Street A		Idress (P.O. Box Number is Not Acceptable). 34912 05/06/0301031024 **150.00			
SUNRISE FL	33323			05/06/0301031024 **150.00			
			City	FL   <sup>2</sup>	ip Code		
	ned entity submits this stater of registered agent.	nent for the purpose of chang	ing its registered office of	r registered agent, or both, in the State of Florida. I am familia	ar with, and accept		
CICNIATURE							

6. The above harried entity submits this statement for the purpose of changing its registered onice of regis	tered agent, or both, in the state of horida. I am familiat with and accept
the obligations of registered agent.	•
CIONATURE	

		inted name of registered agent and	<del></del>	DATE  11 MAKE PHECK DAVABLE TO SE DEDT OF STATE
3 IUU.UU	Capital Contributions	\$100.00	10. Amount of Capital Contributions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE

in FLORIDA to date. as Shown on record. 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 partners.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	L01000006921 PANTHERS HOCKEY LC	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	3320 FAIRFIELD LANE WESTON FL 33323	CITY-ST-ZIP		<u></u>
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS City-St-Zip		. CITY-ST-ZIP		
DOCUMENT ≠ NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS City-St-Zip		CITY-ST-ZIP	\ \	
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT # NAME	,	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		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: