

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 31 PM 3:15

DOCUMENT # A01000000648

1. Entity Name

LARKIN GROUP CAPITAL, LTD.



**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5566 Vintage Oaks Terrace

3. Mailing Address

5566 Vintage Oaks Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1**

City & State

Delray Beach, Florida

City & State

Delray Beach, Florida

4. FEI Number

65-1112818

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

33484

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Charna Larkin**

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

**5566 Vintage Oaks Terrace**

City **Delray Beach**

**FL**

Zip Code  
**33484**

**DO NOT WRITE  
IN THIS SPACE**

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

**Charna Larkin**

DATE

9. Capital Contributions  
as Shown on record.

**\$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

DOCUMENT #

P0100001168

NAME

The Larkin Corporation

STREET ADDRESS

5566 Vintage Oaks Terrace

CITY-ST-ZIP

Delray Beach, FL 33484

STREET ADDRESS

CITY-ST-ZIP

**500021956705**

**07/31/03--01028--002 \*\*\*926.25**

DOCUMENT #

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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:

**Charna Larkin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/02)