

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02-JUN-12 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000/045
A1

DOCUMENT # **A01000000810**

1. Entity Name

ACQUIRE III, LLLP

Principal Place of Business

155 CRYSTAL BEACH DRIVE, SUITE 200
DESTIN FL 32541

Mailing Address

PO BOX 5649
DESTIN FL 32540-5649



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

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

CASTLE, JACQUE

155 CRYSTAL BEACH DRIVE, SUITE 200
DESTIN FL 32541

Name

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

City

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

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

DATE

9. Capital Contributions as Shown on record.

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

19,750.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
S08619	ACQUIRE CORPORATION	155 CRYSTAL BEACH DRIVE, SUITE 200	DESTIN FL 32541

STREET ADDRESS	CITY-ST-ZIP
	138.25-4p
	88.75-Adm
400005765594--1	
-06/14/02-81813-001	
****227.00 ****227.00	

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/02

Date

850 837-0718

Daytime Phone #

CR2E003 (9/01)