

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000966

1. Entity Name
HENNESSEY FAMILY PARTNERSHIP, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -3 AM 8:37

LR
11/03

Principal Place of Business
5109 SOUTH NICHOLS STREET
TAMPA FL 33611

Mailing Address
5109 SOUTH NICHOLS STREET
TAMPA FL 33611



2. Principal Place of Business
c/o Rood & Associates

3. Mailing Address
c/o Rood & Associates

Suite, Apt. #, etc.
200 Pierce Street, #2-B

Suite, Apt. #, etc.
200 Pierce Street, #2-B

City & State
Tampa, Florida

City & State
Tampa, Florida

DUE BY SEPTEMBER 24, 2003

4. FEI Number 01-0657465

Applied For
Not Applicable

Zip Country
33602 Hillsborough

Zip Country
33602 Hillsborough

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

HENNESSEY, DONNA C
5109 SOUTH NICHOLS ST
TAMPA FL 33611

(address change only):

Name

Street Address (P.O. Box Number is Not Acceptable)
c/o Rood & Associates

200 Pierce Street, #2-B

City
Tampa

FL Zip Code
33602

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 *Margaret R. Gibbs*
Signature, typed or printed name of registered agent and title if applicable.

10-25-03
DATE

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

10. Amount of Capital Contributions
in FLORIDA to date. \$250,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
HENNESSEY, DONNA C
5109 SOUTH NICHOLS STREET
TAMPA FL

STREET ADDRESS
CITY-ST-ZIP
c/o Rood & Associates
200 Pierce Street, #2-B
Tampa, Florida 33602

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

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: *Margaret R. Gibbs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

904
August 27, 2003 2646520
Date Daytime Phone #

0001513 AT

CR2E003 (4/03)

STARTLE CHECK HERE