

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012167 AT

DOCUMENT # A01000001021

1. Entity Name  
VILLENEUVE FAMILY LIMITED PARTNERSHIP



FILED

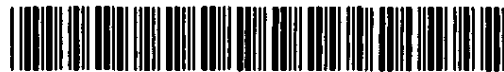
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
23374 TORRE CIR  
BOCA RATON FL 33433

Mailing Address  
23374 TORRE CIR  
BOCA RATON FL 33433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1126291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLENEUVE, MARK  
23374 TORRE CIR  
BOCA RATON FL 33433

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. I am familiar with, and accept the obligations of registered agent.

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

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$2,500,000.00

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 # P01000063024  
NAME VILLENEUVE MANAGEMENT CORP  
STREET ADDRESS 23374 TORRE CIR  
CITY-ST-ZIP BOCA RATON FL 33433

STREET ADDRESS

CITY-ST-ZIP

400017189944  
04/28/03--01064--028 \*\*526.25

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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: Mark Villeneuve SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/03 (561)  
392-3631

Date Daytime Phone #

CR2E003 (10/02)