

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004712 AV

DOCUMENT # A01000001024



1. Entity Name
ROY'S/NEWPORT BEACH, LIMITED PARTNERSHIP

FILED
03 FEB -3 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

Mailing Address
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **APPLIED FOR**
30-0075319

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

BRAUN LEFFERTS, KELLY
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

Name **Joseph J. Kadow**

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

2202 N. Westshore Blvd
5th Floor

City

Tampa

FL

Zip Code

33607

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 DATE **1/9/03**

9. Capital Contributions as Shown on record.

\$250,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$35,000

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 # **P99000078607**
NAME **OS PACIFIC, INC.**
STREET ADDRESS **2202 NORTH WESTSHORE BLVD., 5TH FLOOR**
CITY-ST-ZIP **TAMPA FL 33607**

STREET ADDRESS

CITY-ST-ZIP

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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: **SIGNATURE REQUIRED** Joseph J. Kadow, Secretary 01/09/03 (813) 282-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE