

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001127

1. Entity Name  
VERMILION FAMILY PARTNERSHIP, LLLP



Principal Place of Business  
3802 WEST DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33614

Mailing Address  
3802 WEST DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33614

FILED  
03 MAY -2 PM 7:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



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 59-3754119

Applied For

Not Applicable

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

INTRASTATE RESGISTERED AGENT CORPORATION  
701 BRICKELL AVE., SUITE 3000  
MIAMI FL 33131-3209

Name

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

900017911039

05/02/03--01099--019 \*\*526.25

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. \$40,000,000.00

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 # P01000083240  
NAME VERMILION ENTERPRISES, INC.  
STREET ADDRESS 3802 WEST DR. MARTIN LUTHER KING JR. BLVD.  
CITY-ST-ZIP TAMPA FL 33614

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/03

813-673-3130

Date

Daytime Phone #

CR2E003 (10/02)

0013612 AT