

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT # **A 01000001441**

1. Entity Name

I.D.L. Holdings Limited Partnership

02 APR 19 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

124 12th Avenue

Suite, Apt. #, etc.

3. Mailing Address

124 12th Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
Indialantic, FL

Zip
32903

Country
U.S.A

City & State
Indialantic, FL

Zip
32903

Country
U.S.A

4. FEI Number

01-0647488

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Rodd A. Newcombe**

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

124 12th Avenue

City **Indialantic**

FL

Zip Code

32903

**DO NOT WRITE
IN THIS SPACE**

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.

2,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

600.00

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

DOCUMENT #	A 01000001441
NAME	Rodd A. Newcombe
STREET ADDRESS	124 12th Avenue
CITY - ST - ZIP	Indialantic, FL 32903
DOCUMENT #	A 01000001441
NAME	Adam C. Beard
STREET ADDRESS	315 Stendal Rd N.W.
CITY - ST - ZIP	Palm Bay, FL 32907
DOCUMENT #	A 01000001441
NAME	Thomas A. McFarland
STREET ADDRESS	3115 Water Oak Drive
CITY - ST - ZIP	Merritt Island, FL 32953
DOCUMENT #	A 01000001441
NAME	Rhian B. Resnick
STREET ADDRESS	2081 Redwood Cr NE
CITY - ST - ZIP	Palm Bay, FL 32905
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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******150.00 ****150.00**

**DO NOT WRITE
IN THIS SPACE**

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:

Rodd A. Newcombe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/02 (321) 674-7335

Date

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE