

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001467

1. Entity Name  
EA BRAY, LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -8 PM 3:29

Principal Place of Business  
4890 WEST KENNEDY BLVD., SUITE 850  
TAMPA FL 33609

Mailing Address  
4890 WEST KENNEDY BLVD., SUITE 850  
TAMPA FL 33609



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 920

Suite, Apt. #, etc.

SUITE 920

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3755203

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

BRAY, MATTHEW J

4890 WEST KENNEDY BLVD., SUITE 850  
TAMPA FL 33609

Name

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

SUITE 920

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.

\$124,875.00

10. Amount of Capital Contributions  
in FLORIDA to date.

20,000

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 # L01000018652  
NAME MJ BRAY, LLC  
STREET ADDRESS 4890 WEST KENNEDY BLVD., SUITE 850  
CITY-ST-ZIP TAMPA FL 33609

STREET ADDRESS SUITE 920  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP 700018560237  
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STREET ADDRESS  
CITY-ST-ZIP

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 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 partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

3:

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

Matthew J. Bray 4/24/03

Date

813  
286-4140

Daytime Phone #

CR2E003 (10/02)

0013224 AT