

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

0016233  
A1

DOCUMENT # A01000001469

1. Entity Name

GRAHAM VENTURES, LLLP

02 MAR 13 PM 3: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2402 PLEASANT HILL ROAD  
KISSIMMEE FL 34746

Mailing Address

2402 PLEASANT HILL ROAD  
KISSIMMEE FL 34746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

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

GRAHAM, JOHN B  
2402 PLEASANT HILL ROAD  
KISSIMMEE FL 34746

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.

SIGNATURE

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

DATE

9. Capital Contributions

\$1,999,900.00

10. Amount of Capital Contributions

in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GRAHAM, JOHN B TRUSTEE  
2402 PLEASANT HILL ROAD  
KISSIMMEE FL 34746

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GRAHAM BERLINSKY, JENNIFER  
1920 W. MARION AVE.  
PUNTA GORDA FL 33950

STREET ADDRESS

CITY-ST-ZIP

2136 Bayou Drive  
Punta Gorda, FL 33950

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100005135031--1

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

03/19/02 01070 006  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-2-02 407-846-1908

Date

Daytime Phone #

CR2E003 (9/01)