

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00000001 AT

DOCUMENT # A01000001531

1. Entity Name
SOFRAN MARBELLA, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 22 PM 12:14

W
1/27

Principal Place of Business
808 THIRD STREET, SUITE C
NEPTUNE BEACH FL 32266

Mailing Address
808 THIRD STREET, SUITE C
NEPTUNE BEACH FL 32266



2. Principal Place of Business
818 A-1-A NORTH

3. Mailing Address
818 A-1-A NORTH

Suite, Apt. #, etc.
SUITE 203

Suite, Apt. #, etc.
SUITE 203

DUE BY MAY 1, 2003

City & State
PONTE VEDRA BEACH, FL

City & State
PONTE VEDRA BEACH, FL

4. FEI Number 01-0553050

Applied For
Not Applicable

Zip
32082

Country
USA

Zip
32082

Country
USA

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

ROULEAU, ROBERT
808 THIRD STREET, SUITE C
NEPTUNE BEACH FL 32266

Name
Street Address (P.O. Box Number is Not Acceptable)
818 A-1-A NORTH, SUITE 203
City PONTE VEDRA BEACH FL Zip Code 32082

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.

1/7/03
DATE

9. Capital Contributions as Shown on record. \$99.00

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 # P00441
NAME THE SOFRAN CORPORATION
STREET ADDRESS 808 THIRD STREET, SUITE C
CITY-ST-ZIP NEPTUNE BEACH FL 32266

STREET ADDRESS 818 A-1-A NORTH, SUITE 203
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

DOCUMENT #
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

January 7, 2003

904-280-0008

Date

Daytime Phone #

CR2E003 (10/02)