

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001629

1. Entity Name  
GOURMAND, LLLP



FILED

03 JUL 23 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
141 GIRALDA AVENUE  
CORAL GABLES FL 33134

Mailing Address  
2250 SW 3RD AVE., 5TH FL  
MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address  
150 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE 1150

DUE BY MAY 1, 2003

City & State

City & State  
CORAL GABLES, FL.

4. FEI Number 04-3590299

Applied For

Not Applicable

Zip

Country

Zip  
33134

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

HATTON, DAVID L  
2250 S.W. 3RD AVENUE, 5TH FLOOR  
MIAMI FL 33129

Name  
DAVID L. HATTON

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

SUITE 1150

City  
CORAL GABLES

FL

Zip Code  
33134

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 DAVID L. HATTON DAVID L. HATTON

4/25/03  
DATE

9. Capital Contributions  
as Shown on record. \$7,500.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$8000.00

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 # L01000019862  
NAME RENE VENTURES, LLC  
STREET ADDRESS 141 GIRALDA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY-ST-ZIP

7000018461497

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DOCUMENT #  
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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

4-25-20 305-445-1061  
Date Daytime Phone #

CR2E003 (10/02)

0008888 AT