

0011901 AT

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000001683**

1. Entity Name
CEDAR SPRINGS INVESTMENT CLUB LLP



FILED

2003 APR 23 PM 12:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**2039 BLUE SPRINGS ROAD
C/O PATRICIA PONTIERI
WEST PALM BEACH FL 33411**

Mailing Address
**2039 BLUE SPRINGS ROAD
C/O PATRICIA PONTIERI
WEST PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-1151022**

Applied For
Not Applicable

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

**PONTIERI, PATRICIA A
2039 BLUE SPRINGS ROAD
WEST PALM BEACH FL 33411**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$50,000.00**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

**PONTIERI, PATRICIA A
2039 BLUE SPRINGS ROAD
WEST PALM BEACH FL 33411**

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CITY-ST-ZIP

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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: *Patricia Pontieri*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.15.03 **561 686 0807**
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)