

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000154

1. Entity Name
CELEBRATION FINE ART FRAMING, LTD.



FILED

03 MAR 11 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11495 ROCKET BOULEVARD
ORLANDO FL 32824

Mailing Address
671 W. FRONT STREET
SUITE 220
CELEBRATION FL 34747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

04-3597597

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

CALLAHAN, TINA M
5910 BENT PINE DR.
APT #308
ORLANDO FL 32822

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

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

DATE

9. Capital Contributions
as Shown on record.

\$100.00

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 # A95000002073
NAME WYLAND GALLERIES OF FLORIDA, LTD
STREET ADDRESS 671 W. FRONT STREET, SUITE 220
CITY-ST-ZIP CELEBRATION FL 34747

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME SOTTIL, LUIS
STREET ADDRESS 5225 FLEETWOOD OAKS
CITY-ST-ZIP DALLAS TX 75235

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME BASS, SCOTT
STREET ADDRESS 2418 AULD SCOT BOULEVARD
CITY-ST-ZIP OCOEE FL 34761

*Amendment
filed
3-11-03*

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/6/03 407-566-1021

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE