## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## A02000000298 **DOCUMENT#**

1. Entity Name
MARTINELLI HOLDINGS, LTD.



FILED

03 APR -8 AM 11: 22

MARTINE	elli Höldi	NGS, LTD.	•			SECRETABY OF STATE  TALLAHASSEE, FLORIDA		
Principal Place of Business 1801 SW 68TH AVE. PLANTATION FL 33317			Mailing Address 1801 SW 687H AVE. PLANTATION FL 33317  3. Mailing Address		•	A INDIANI AND MATIN HARIN BANK BANK AND NA AND AND AND AND AND AND AND AND		
2. Principal Place of Business					·			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		<del></del>	DUE BY MAY 1, 2003	_	
City & State			City & State			4. FE! Number   Applied For   OI - O(605036   Not Applicable	e	
Zip				Countr	Country  5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name 22.2.1			
MARTINELLI, HELEN					NARY ELLEN CAREY			
1801 SW 68TH AVE.				Γ	Street Address (P.O. Box Number is Not Acceptable)			
	•	17		-				
PLANTATION FL 33317					1801 SOUTHWEST GOTH AVENUE			
					City PLANTATION, FLORIDA FL ZBS3317			
8. The above the obligati	named entitions of regist	y submits this statement for ered agent.	r the purpose of changing its	s registered		red agent, or both, in the State of Florida. I am familiar with, and accept	_	
SIGNATURE -	Signature turned	un lle	and title if applicable			DATE		
9. Capital Contributions as Shown on record.  Signature, typed or printed name of registered agent and title it applicable.  10. Amount of Capi in FLORIDA to one of the contributions as Shown on record.								
O. IO 1411 C	on record.		in FLORIDA to a	late.		SEE REVERSE SIDE FOR FEE INFORMATION		
20 0 10 10 11	A		HAT IS A BUSINESS EN	ITITY MU		TERED AND ACTIVE WITH THIS OFFICE.		
12.	A		THAT IS A BUSINESS EN	ITITY MU			_	
12. DOCUMENT #	NOTE L02000004 HMTAK, L	GENERAL PARTNEF GENERAL PARTNEF 4091 .L.C.	THAT IS A BUSINESS EN	he form;		TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.		
12.	L02000004 HMTAK, L 1801 SW	GENERAL PARTNER GENERAL PARTNER	THAT IS A BUSINESS EN	he form;	an amendmen	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.  ADDRESS CHANGES ONLY		
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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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STAPLE CHECK HENE

Date

Daytime Phone #