

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012631 AT

DOCUMENT # A02000000330

1. Entity Name
SMIGIEL PARTNERS XI, LTD.



FILED
03 APR 16 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7965 LANTANA ROAD
LAKE WORTH FL 33467

Mailing Address
P.O. BOX 540623
LAKE WORTH FL 33467

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

02-0558263

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

SMIGIEL, GARY
7965 LANTANA ROAD
LAKE WORTH FL 33467

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.

\$3,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

3,000.00

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 # P00000103016
NAME C.H. CONSULTING, INC.
STREET ADDRESS 6823 VISTA PARKWAY NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # L93000000238
NAME GARY SMIGIEL, L.C.
STREET ADDRESS P.O. BOX 540623
CITY-ST-ZIP LAKE WORTH FL 33454

STREET ADDRESS

CITY-ST-ZIP

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
Date 10-21-03 Daytime Phone # 761-968-345

CR2E003 (10/02)