

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007236 AT

DOCUMENT # A02000000426

1. Entity Name
BOHATKA REALTY INVESTOR PARTNERS, LTD.



FILED
03 JAN 23 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3173 GULF BREEZE PARKWAY
BULF BREEZE FL 32563**

Mailing Address
**3173 GULF BREEZE PARKWAY
BULF BREEZE FL 32563**



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 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

**BOHATKA, WILLIAM
3173 GULF BREEZE PARKWAY
BULF BREEZE FL 32563**

7. Name and Address of New Registered Agent

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. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,000**

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	
DOCUMENT #	P02000026644
NAME	WILLIAM BOHATKA REAL ESTATE COMPANY, INC.
STREET ADDRESS	3173 GULF BREEZE PARKWAY
CITY-ST-ZIP	BULF BREEZE FL 32563
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400010673354
CITY-ST-ZIP	01/23/03--01068--003 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

1/16/03
Date Daytime Phone #

CR2E003 (10/02)