

2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESSES  
A02000000746

000156 AT

DOCUMENT # A02000000746

1. Entity Name  
CASS INVESTMENTS, LLP

Principal Place of Business  
8413 EGRET MEADOW LANE  
WEST PALM BEACH FL 33412

Mailing Address  
8413 EGRET MEADOW LANE  
WEST PALM BEACH FL 33412



FILED

03 OCT 27 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DUE BY SEPTEMBER 24, 2003

6. Name and Address of Current Registered Agent  
CASS, RONALD A  
8413 EGRET MEADOW LANE  
WEST PALM BEACH FL 33412

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

9. Capital Contributions as Shown on record. \$11,132,807.00

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 #	CASS, TERESEA LYNN ELLIOT, TRUSTEE	STREET ADDRESS	
NAME	8413 EGRET MEADOW LANE	CITY-ST-ZIP	900023448119
STREET ADDRESS	WEST PALM BEACH FL 33412		10/30/03 01023 007 **488.75
CITY-ST-ZIP			
DOCUMENT #	CASS, LEONARD J TRUSTEE	STREET ADDRESS	
NAME	8413 EGRET MEADOW LANE	CITY-ST-ZIP	
STREET ADDRESS	WEST PALM BEACH FL 33412		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900023448119
STREET ADDRESS			09/30/03 01060 012 **43750.00
CITY-ST-ZIP			437.50
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT

2003

10/27

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

Date Daytime Phone #

CR2E003 (4/03)