

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0006156  
AT

DOCUMENT # **A02000000955**



1. Entity Name  
**SOD FAMILY PROPERTIES, LTD.**

03 APR -3 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**233 E. BAY ST., #L-3  
JACKSONVILLE FL 32202**

Mailing Address  
**233 E. BAY ST., #L-3  
JACKSONVILLE FL 32202**



2. Principal Place of Business **SAME** 3. Mailing Address **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003**

City & State City & State 4. FEI Number **13.4211195** 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  
**SOD, JEFFREY D  
233 E. BAY ST., #L-3  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent  
Name **Jeffrey D. Soud**  
Street Address (P.O. Box Number is Not Acceptable)  
**233 E. Bay St.  
Ste. L-3**  
City **Jacksonville** FL Zip Code **32202**

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 **4-1-03**

9. Capital Contributions as Shown on record. **\$1,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **0** 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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P02000064426 SOD BROTHERS, INC. 233 E. BAY ST., #L-3 JACKSONVILLE FL 32202</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>400015183784 04/03/03-01011-007 *Soud</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: **4-1-03** **904.353.9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR 2003 (10/02)