

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001309

1. Entity Name
CYE, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -9 PM 2:53

W-7/22

Principal Place of Business
2204 GREEN OAKS LANE
TAMPA FL 33612

Mailing Address
2204 GREEN OAKS LANE
TAMPA FL 33612



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

7. Name and Address of New Registered Agent

TURRELL, PATRICIA C
2204 GREEN OAKS LANE
TAMPA FL 33612

Name

Street Address (P.O. Box Number is Not Acceptable)

900017927709
05/05/03--01017--014 **437.50

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.

\$10,000,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
CONNER, ROBBIE SUE
2204 GREEN OAKS LANE
TAMPA FL 33612

STREET ADDRESS
CITY-ST-ZIP
900017927709
07/09/03--01056--003 **88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
TURRELL, PATRICIA C
2204 GREEN OAKS LANE
TAMPA FL 33612

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
GRAVES, SANDRA C
2204 GREEN OAKS LANE
TAMPA FL 33612

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:

Patricia C Turrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/03 (813) 269-4008
Date Daytime Phone #

0013453 AT

CR2E003 (10/02)

STAPLE CHECK HERE