

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -8 AM 10:16

W6/6

DOCUMENT # A02000001333

1. Entity Name
THE MADEIRA FAMILY LIMITED PARTNERSHIP



Principal Place of Business
18 RIVERVIEW ROAD
HOBE SOUND, FL 33455

Mailing Address
18 RIVERVIEW ROAD
HOBE SOUND, FL 33455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DUE BY MAY 1, 2003

4. FEI Number
06-1654862

Applied For

Not Applicable

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

L.N.M. MANAGEMENT, INC.
18 RIVERVIEW ROAD
HOBE SOUND, FL 33455

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 date if applicable.

DATE

9. Capital Contributions

as Shown on record. \$0.00

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 # P02000086793
NAME L.N.M. MANAGEMENT, INC.
STREET ADDRESS 18 RIVERVIEW ROAD
CITY-ST-ZIP HOBE SOUND, FL 33455

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:

Lewis N. Madeira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER LEWIS N. MADEIRA

4/23/03

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)