

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014814 AT

DOCUMENT # A02000001390

1. Entity Name
HAROMY FAMILY LIMITED PARTNERSHIP, LLLP



FILED
03 APR 16 PM 2:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**1576 PARKS LAKE ROAD
LAKE WALES FL 33853**

Mailing Address
**1576 PARKS LAKE ROAD
LAKE WALES FL 33853**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number
02-0655755

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

HAROMY, JOHN C
1576 PARKS LAKE ROAD
LAKE WALES FL 33853

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. **\$1,971,986.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HAROMY, JOHN C 1576 PARKS LAKE ROAD LAKE WALES FL 33853
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HAROMY, BARBARA H 1576 PARKS LAKE ROAD LAKE WALES FL 33853
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WOLTMANN, KATHERINE H--- 1576 PARKS LAKE ROAD LAKE WALES FL 33853
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600016123366
CITY-ST-ZIP	04/16/03--01069--008 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (10/02)

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**

Date **4-12-03** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER