

# **LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A02000001602

1. Entity Name

AQUARIUS OF LOCKWOOD LIMITED PARTNERSHIP



**FILED**  
03 MAY -6 PM 8:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

1500 N. LOCKWOOD RIDGE RD

ONE SARASOTA TOWER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TWO TAMiami TRAIL

City & State

City & State

SARASOTA, FL

SARASOTA, FL

Zip

Country

Zip

Country

34236

34236

**DUE BY MAY 1**

4. FEI Number

01-0756751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Rice & GRAUS, PL

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

1900 MAIN STREET

SUITE 300

City

SARASOTA

FL

Zip Code

34236

**DO NOT WRITE  
IN THIS SPACE**

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]*

4-30-03

DATE

9. Capital Contributions  
as Shown on record.

\$1,000

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1,000

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 # A02000032231  
NAME AQUARIUS, LLC  
STREET ADDRESS 1500 LOCKWOOD RIDGE ROAD  
CITY-ST-ZIP SARASOTA, FL. 34237

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900018303159  
05/06/03 01095 001 1141.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]* SECRETARY

4-30-03

Date

(941) 954-1900

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE