# LIMITED PARTNERSHIP
# UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 29 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A02000001620

1. Entity Name

DANIELS ROAD PARTNERS, LTD.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 300 S.E. 2nd Street | 300 S.E. 2nd street |
| Suite, Apt. #, etc. 8th Floor | Suite, Apt. #, etc. 8th Floor |
| City & State Fort Lauderdale, FL | City & State Fort Lauderdale, FL |
| Zip 33301 Country Broward | Zip 33301 Country Broward |

4/24

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number — XX Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Patricia Jones

Street Address (P.O. Box Number is Not Acceptable): c/o Stiles Corporation

300 S.E. 2nd Street, 10th Fl.

City: Fort Lauderdale **FL** Zip Code: 33301

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. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $3,350,000.00 | $3,350,000.00 | |

**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 # | P02000128422 |
| NAME | ~~Daniels Road Partners, Inc.~~ DRLP, INC |
| STREET ADDRESS | 300 S.E. 2nd Street, 8th FL. |
| CITY-ST-ZIP | Fort Lauderdale, FL 33301 |
| DOCUMENT # | |
| NAME | |
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|---|---|
| STREET ADDRESS | 04/29/03--01079--006 **526.25 |
| CITY-ST-ZIP | |
| STREET ADDRESS | 04/29/03--01079--006 **525.00 |
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CR2E003B (12/02)

STAPLE CHECK HERE

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:** _____ 4/24/03 954-627-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
Rocco Ferrera