

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001638

1. Entity Name

PRIMO 2003 LIMITED PARTNERSHIP



FILED

2003 JUL 22 PM 3: 32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 12TH AVE S.

3. Mailing Address

801 12TH AVE S.

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

NAPLES FL

City & State

NAPLES FL

Zip

Country

34102

USA

Zip

Country

34102

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

27-0036974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VIN DE PASQUALE

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

801 12TH AVE S.

City

NAPLES

FL

Zip Code

34102

**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]

DATE

9. Capital Contributions
a. Shown on record.

900 -

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
	PRIMO 2003		
	PRIMO Management, Inc.		
	801 12TH AVE S.		
	NAPLES, FL 34102		
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)