

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001646

1. Entity Name

MARDA ENTERPRISES LIMITED PARTNERSHIP



FILED  
03 MAR 28 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6568 Sandspur Lane

Suite, Apt. #, etc.

3. Mailing Address

6568 Sandspur Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

22-3887498

Applied For

Not Applicable

Zip

33919

Country

U.S.A.

Zip

33919

Country

U.S.A.

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

Mary C. Reardon

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

6568 Sandspur Lane

City

Fort Myers,

FL

Zip Code

33919

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 title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$600,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$3,600.00

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 # PO2000102991  
NAME Marka Group, Inc.  
STREET ADDRESS 6568 Sandspur Lane  
CITY-ST-ZIP Fort Myers, FL 33919

STREET ADDRESS

CITY-ST-ZIP

400013141584

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

03/31/03--01005--006 \*\*88.75

CITY-ST-ZIP

400013141584

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

02/26/03--01064--001 \*\*52.50

CITY-ST-ZIP

**DO NOT WRITE  
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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: Mary C. Reardon, general partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/22/03

239-481-2202

Date

Daytime Phone #

CR2-E003B (12/02)

STAPLE CHECK HERE