

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

FILED

DOCUMENT # **A02000001655**

1. Entity Name

Veston Fund XXXIX, Ltd.



03 JAN 29 PM 1:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3020 Hartley Road
Suite, Apt. #, etc.
Suite 300
City & State
Jacksonville, FL
Zip
32257 Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

04-3728748

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Frick, Stephen A.

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

3020 Hartley Road

Suite 300

City

Jacksonville

FL

Zip Code

32257

**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]

1-21-03

DATE

9. Capital Contributions
as Shown on record

99.00

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

L02000033399
Veston partners XXXIX, LLC
3020 Hartley Road, Suite 300
Jacksonville, FL 32257

STREET ADDRESS

CITY-ST-ZIP

600011785776
02/04/03-01059-016 **158.75

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STAPLE CHECK HERE

CR2E003B (12/02)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-21-03

Date

Typed in Printer