

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

DOCUMENT # A02000001672

1. Entity Name

CAMBRIDGE MANAGEMENT ASSOCIATES LIMITED  
TNSHIP



**FILED**

03 MAY 16 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27300 Riverview Center Blvd.  
Suite, Apt. #, etc.  
Suite 201

3. Mailing Address

27300 Riverview Center Blvd.  
Suite, Apt. #, etc.  
Suite 201

**DUE BY MAY 1**

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

56-2314700

Applied For

Not Applicable

Zip

34134-4316

Country

USA

Zip

34134-4316

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Jeffrey Kannensohn, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
5801 Pelican Bay Blvd.

Suite 300

City

Naples

FL

Zip Code

34108

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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, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

300,000.

10. Amount of Capital Contributions  
in FLORIDA to date.

300,000.

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 # 102000031920  
NAME Cambridge Management Assoc., LLC  
STREET ADDRESS 27300 Riverview Center Blvd., #201  
CITY-ST-ZIP Bonita Springs, FL 34134

STREET ADDRESS

CITY-ST-ZIP

400016396794

04/21/03-01063-001 \*\*137.50

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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05/16/03-01007-009 \*\*88.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/03

239-992-8940

Date

Daytime Phone #

CR2E003B (12/02)