

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

DOCUMENT # A02269

1. Entity Name  
MANHATTAN PROPERTIES, LIMITED



FILED

04 JUN 10 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4346 DUNBARTON AVE.

3. Mailing Address  
P.O. Box 13598

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

City & State  
TAMPA FLORIDA

City & State  
TAMPA, FLORIDA

Zip  
33611

Country  
US

Zip  
33681-3598

Country  
US

4. FEI Number  
59-1477716

Applied For  
Not Applicable

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

**DUE BY MAY 1**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
WALTER H. KESSLER

Street Address (P.O. Box Number is Not Acceptable)  
4346 DUNBARTON AVE. - #3

City  
TAMPA

FL

Zip Code  
33611

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. 21250.00

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  
WALTER H. KESSLER  
2413 BAYSHORE BLVD - #406  
TAMPA, FLORIDA 33629

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ROSALYN K. WITCOFF  
5900 MARINER DRIVE - #702 E  
TAMPA, FLORIDA 33609

STREET ADDRESS  
CITY - ST - ZIP

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700037869057  
06/11/04--01021--022 \*\*237.50

05/20/05--01010--022 \*\*88.75

**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: Walter H. Kessler - WALTER H. KESSLER 6-8-04 813-839-5967  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE