


# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> A03000000002	
<b>1. Entity Name</b>	
SUPER PERFORMANCE HORSES LIMITED PARTNER P	

FILED

03 AUG 14 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
22007 DEER POINTE CR	22007 DEER POINT CR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
BRADENTON FL	BRADENTON FL
<b>Zip</b>	<b>Zip</b>
34202	34202
<b>Country</b>	<b>Country</b>
USA	USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1


<b>4. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
APPLIED	
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b>	
ANDREW T AMES, CPA, CFP	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
128 W. OAK ST	
<b>City</b>	<b>Zip Code</b>
ARCADIA	FL 34266

**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  DATE

<b>9. Capital Contributions as Shown on record.</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
\$0		

**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
	GERTRUDE H. SUPER	22007 DEER POINTE CROSSING	BRADENTON FL 34202
	John C. Super	22007 Deer Pointe Crossing	Bradenton, FL 34202

600018802146  
05/12/03--01036--007 \*\*\$3.75

600018802146  
07/18/03--01060--012 \*\*\$2.50

**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:**  4/29/03 941 322898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003B (12/02)