

A030000000359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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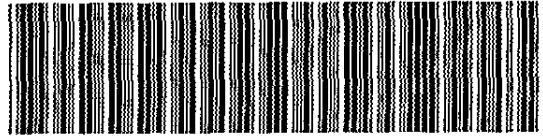
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Office Use Only

W03-5536

2/6/03  
just



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02/25/03--01040--019 \*\*148.75

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03 MAR -5 AM 8:40  
SEALING OFFICE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 26, 2003

FRANK E KUCERA  
4834 S LAKE DRIVE  
BOYNTON BEACH, FL 33436

SUBJECT: VENETIAN DRIVE LIMITED PARTNERSHIP  
Ref. Number: W03000005536

We have received your document for VENETIAN DRIVE LIMITED PARTNERSHIP and your check(s) totaling \$148.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the entity's complete mailing address.

Section 620.108, Florida Statutes, requires the certificate include the latest date upon which the partnership is to dissolve.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 603A00012264

Frank E. Kucera, M.D.

4834 South Lake Dr.  
Boynton Beach, FL 33436  
561-734-3872

February 22, 2003

Florida Department of State  
Division of Corporations

Dear Sirs:

Enclosed is an application for a limited partnership along with  
a check in the amount of \$148.75 which I have calculated as follows:

Application fee	\$52.50
Designation of Registered Agent	35.00
Certified copy	52.50
Certificate request	8.75
Total	148.75

Sincerely,

*Frank E. Kucera MD*

Frank E. Kucera, M.D.

4834 S. Lake Drive  
Boynton Beach, Florida 33436

Telephone 561-734-3872

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Frank E. Kucera, M.D.

4834 South Lake Dr.  
Boynton Beach, FL 33436  
561-734-3872

March 2, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida

Dear Ms. Thomas,

I am resubmitting my application for a limited partnership  
after completing questions 6 & 7 as you suggested by phone.

Thank you for your assistance.

Sincerely,



Frank E. Kucera, M.D.

**FILED**  
03 MAR -5 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CERTIFICATE OF LIMITED PARTNERSHIP

Venetian Drive Limited Partnership

1. (Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")  
4834 S. Lake Drive, Boynton Beach, Florida 33436
2. \_\_\_\_\_  
( Business address of Limited Partnership)
3. Frank E. Kucera, M.D.  
(Name of Registered Agent for Service of Process)
4. 4834 S. Lake Drive, Boynton Beach, Florida 33436  
(Florida street address for Registered Agent)
5. Frank E. Kucera M.D.  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 4834 S. Lake Drive, Boynton Beach, Florida 33436  
( Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: 2020
8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_  
Frank E. Kucera, M.D. 4834 S. Lake Drive, Boynton Beach, FL 33436
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TALLAHASSEE, FLORIDA

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 22nd day of FEBRUARY, 2003.

**Signature of all general partners:**

Frank E. Kucera MD  
General Partner

**General Partner**

**General Partner**

**General Partner**

**General Partner**

**General Partner**

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Venetian Drive  
Limited Partnership

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 2,800.00

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 3,000.00

Signed this 22nd day of FEBRUARY, 2003

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the  
contents thereof and that the facts stated herein are true and correct.

Frank E. Lucero MD  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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TALLAHASSEE, FLORIDA