

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A04789

1. Entity Name
LEESBURG PROFESSIONAL OFFICE PROPERTIES, LTD.



FILED

03 JAN -8 PH 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2025 W. OLD HIGHWAY 441
MT. DORA FL 32757

Mailing Address
2025 W. OLD HIGHWAY 441
MT. DORA FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-1737787

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORDINI, EDITH R.
202 ORCHID WAY
HOWEY-IN-THE-HILLS FL 34737

Name

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

City

FL

Zip Code

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. \$65,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME MATSCHE, JOHN J.
STREET ADDRESS 21405 WOLF BRANCH RD.
CITY-ST-ZIP MT. DORA FL 32757

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME MORDINI, EDITH
STREET ADDRESS 202 ORCHID WAY
CITY-ST-ZIP HOWEY FL

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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THOMAS

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CR2E003 (10/02)

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 Edith R. Mordini Edith R. Mordini, General Partner 1/6/2003 352-383-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #