

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A15253

1. Entity Name
1215 LOUISIANA PARTNERSHIP, LTD.



FILED
03 MAY -5 PM 7:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1100 N. NEW YORK AVENUE
WINTER PARK FL 32789

Mailing Address
P.O. BOX 2173
WINTER PARK FL 32790



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-2317467

Applied For

Not Applicable

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

COOPER, JAMES E.
1093 FOGGY BROOK PLACE
LONGWOOD FL 32750

Name JAMES E. COOPER

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

1100 N. NEW YORK AVE

WINTER PARK, FL 32789

City

FL

Zip Code 32789

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

4/22/03
DATE

9. Capital Contributions as Shown on record. \$52,900.00

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 COOPER, JAMES E.
STREET ADDRESS 1100 N. NEW YORK AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS

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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] JAMES E. COOPER, 4/22/03 407-999-9022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)