LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A20344

1. Entity Name

EAUD Ltd. Partnership

FILED
03 JUL 18 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20 E. Main St.	P.O. Box 7059
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.
City & State Waterbury, CT	City & State Prospect, CT
Zip 06702 Country USA	Zip 06712 Country USA

DUE BY MAY 1

4. FEI Number 59-2559158 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name Ronald T. Lombard

Street Address (P.O. Box Number is Not Acceptable) 23531 Sandycreek Terrace, #503

City Bonita Springs FL Zip Code 34135

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] 3/6/2003
Signature, typed or printed name of registered agent and title if applicable. Date

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$7,500.00	$19,724.00	

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	General Partner
STREET ADDRESS	Ronald T. Lombard
CITY-ST-ZIP	20 E. Main St. Suite 300 Waterbury, CT 06702
DOCUMENT #	
NAME	Anthony V. Dorso Jr.
STREET ADDRESS	217 Beecher Avenue
CITY-ST-ZIP	Waterbury, CT 06705
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	600014104916
CITY-ST-ZIP	03/17/03--01014--002 **150.00
STREET ADDRESS	600014104916
CITY-ST-ZIP	04/10/03--01023--007 **76.82
STREET ADDRESS	
CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003B (12/02)

STAPLE CHECK HERE

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] General Partner Ronald T. Lombard 3/6/2003 (203)574-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
x11