

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000869 AT

DOCUMENT # **A21151**

1. Entity Name  
**EUROFUND PARTNERS, LTD.**



**FILED**  
**03 FEB -4 PM 5:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**333 N. FERNCREEK AVE**  
**ORLANDO FL 32803**

Mailing Address  
**P.O. BOX 530047**  
**ORLANDO FL 32853-0047**



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 **59-2599846**

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

**TATTERSALL, PETER**  
**333 N FERNCREEK AVE**  
**ORLANDO FL 32803**

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. **\$3,000,000.00**

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 **VAN DE PUTTE, DANNY**  
STREET ADDRESS **333 N. FERNCREEK AVE**  
CITY-ST-ZIP **ORLANDO FL 32803**

STREET ADDRESS

CITY-ST-ZIP

**300011795863**  
**02/04/03--01089--017 \*\*526.25**

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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:

*Danny Van de Putte*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE