

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004921 AV

DOCUMENT # **A22036**



**FILED**  
03 FEB -4 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**PARRISH MPO, LTD.**

Principal Place of Business  
**1343 MAIN STREET  
SUITE 500  
SARASOTA FL 34236**

Mailing Address  
**1343 MAIN STREET  
SUITE 500  
SARASOTA FL 34236**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**4255 50th Place W.**  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State  
**Bradenton, FL**

Zip  
**34210**

Country  
**Maratee**

4. FEI Number **59-2625123**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MANNAUSA, THOMAS J  
1343 MAIN STREET  
5TH FLOOR  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$52,202.00**

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	
DOCUMENT #	<b>G66500</b>
NAME	<b>MANASOTA DEVELOPMENT INC</b>
STREET ADDRESS	<b>1343 MAIN STREET</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000011633850</b>
CITY-ST-ZIP	<b>02/04/03--01010--007 **468.50</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: **SIGNATURE REQUIRED** *[Signature]* **1/21/03** **9413651511**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #