

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22333**

1. Entity Name  
**SPACE AGE INVESTMENT CLUB, A LIMITED PARTNERSHIP**



Principal Place of Business  
**6512 RIDGE CT.  
TITUSVILLE FL 32780**

Mailing Address  
**6512 RIDGE CT.  
TITUSVILLE FL 32780**

FILED

03 APR -3 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-2789144**

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

**MCKNIGHT, JOSEPH L.  
6512 RIDGE COURT  
TITUSVILLE FL 32780**

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. **\$51,061.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$40,121.00**

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 **MCKNIGHT, JOSEPH & JUDY**  
STREET ADDRESS **6512 RIDGE COURT**  
CITY-ST-ZIP **TITUSVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

**700015184907  
04/03/03--01011--014 \*\*375.75**

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 31, 2003 (323) 269-4808

Date

Daytime Phone #

CR2E003 (10/02)

0008075 AT