

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

1072

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DOCUMENT # **A22386**

1. Entity Name
KODOR ASSOCIATES LIMITED PARTNERSHIP



FILED

03 AUG 19 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**11910 GLEN MILL ROAD
POTOMAC MD 20854**

Mailing Address
**11910 GLEN MILL ROAD
POTOMAC MD 20854**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

City & State

4. FEI Number **52-1440473**

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

**DAVIES, CHRISTOPHER N
1415 HENDRY ST.
FT. MYERS FL 33902**

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.

\$128,700.00

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
STREET ADDRESS
CITY-ST-ZIP
**KOPPEL, GRACE A
11910 GLEN MILL RD.
POTOMAC MD 20854**

STREET ADDRESS

CITY-ST-ZIP

50002102 5485

DOCUMENT #
NAME
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CITY-ST-ZIP

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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:

Grace Koppel, G.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-11-03

Date

301 3400280

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE

20f2

Kodor Associates Ltd. Partnership
11910 Glen Mill Rd.
Potomac, MD 20854

FILED

03 AUG 19 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ms. Marsha Thomas
Document Specialist
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Your Letter of July 25, 2003 Ref. Number:A22386

Dear Ms. Thomas:

I am writing this letter to request a waiver of the \$400 fee associated with the 2003 Limited Partnership Uniform Business Report for 2003 for Kodor Associates.

I did not receive an earlier mailing that you have said was sent to me in January of this year.

I have always paid these filing promptly as you can verify from our payment history. The only thing that I can think of is that I was in Florida from Christmas of last year to sometime in February 2003. My mail is held at my Maryland Post Office and someone forwards it to me every week eliminating the "junk" mail. The decision on what to send and what is junk mail may have inadvertently put your mailing in the trash category. Perhaps not everything reached me in Florida. You can be sure that I will be on the lookout for and will alert the people who forward my mail to me to watch out for any mailing from your Department in January and February of 2004.

Thank you for your attention to this matter.

Sincerely,



Grace Anne Koppel
General Partner for Kodor Associated Limited Partnership