

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

0014912 AT

**DOCUMENT # A23175**

1. Entity Name  
F.M. 40 LTD.



**FILED**

2003 JAN 17 PM 2: 54

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1314 E. CAPE CORAL PKWY., STE. 203  
CAPE CORAL FL 33904

Mailing Address  
P.O. BOX 1335  
CAPE CORAL FL 33910

2. Principal Place of Business  
1314 E CAPE CORAL PKWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 204

City & State  
CAPE CORAL, FL.

City & State

4. FEI Number 59-2774224

Applied For  
Not Applicable

Zip  
33904

Country  
US

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

SENDRA, JOSE A  
1314 E. CAPE CORAL PKWY., STE. 203  
CAPE CORAL FL 33904

Name  
SENDRA, JOSE A  
Street Address (P.O. Box Number is Not Acceptable)  
1314 E CAPE CORAL PKWY  
SUITE # 204  
City CAPE CORAL FL Zip Code 33904

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. \$212,850.00

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 SENDRA, JOSE A.  
STREET ADDRESS 1314 E. CAPE CORAL PKWY., STE. 203  
CITY-ST-ZIP CAPE CORAL FL 33904

STREET ADDRESS 1314 E CAPE CORAL PKWY # 204  
CITY-ST-ZIP CAPE CORAL, FL. 33904

DOCUMENT #  
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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: \_\_\_\_\_

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

1/13/03

(239) 945-6777

Date

Daytime Phone #

CR2E003 10/02