

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006281 AT

DOCUMENT # A23810

1. Entity Name
MARATHON ASSOCIATES, LTD.



FILED

03 APR 24 PM 4: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5001 PHILLIPS HIGHWAY, 7-B
JACKSONVILLE FL 32207

Mailing Address
5001 PHILLIPS HIGHWAY, 7-B
JACKSONVILLE FL 32207



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 59-2749233

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

LEBOEUF, LAMB, GREENE & MACRAE, L.L.P.
50 N. LAURA ST
SUITE 2800
JACKSONVILLE FL 32202

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.

100016959301
04/24/03--01051--012 **526.25

DATE

9. Capital Contributions as Shown on record. \$789,600.00

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 # J04498
NAME SOUTHERN PROPERTY PLANN.
STREET ADDRESS 5001 PHILLIPS HWY., #7-B
CITY-ST-ZIP JACKSONVILLE FL 32207

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # J20745
NAME EMPIRE PARK, INC.
STREET ADDRESS 5001 PHILLIPS HWY., #7-B
CITY-ST-ZIP JACKSONVILLE FL 32207

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

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

Kenneth Drummond 4/23/03 904-737-1245

Date

Daytime Phone #

CR2E003 (10/02)