

2002 UNIFORM BUSINESS REPORT (UBR)

001869 AT

DOCUMENT # **A23904**

1. Entity Name

SOUTHERN MILITARY LIMITED PARTNERSHIP

APPROVE
AND
FILED

02 MAR 28 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**21 N. MILITARY TRAIL, SUITE J
WEST PALM BEACH FL 37415**

Mailing Address

**21 N. MILITARY TRAIL, SUITE J
WEST PALM BEACH FL 37415**



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, 2002

4. FEI Number

59-2661157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FELDMAN, JEFF

**21 N. MILITARY TRAIL, SUITE J
WEST PALM BEACH FL 33415**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$544,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # **J16495**
NAME **SOUTHERN MILITARY ASSOC.**
STREET ADDRESS **21 N MILITARY TRAIL, SUITE J**
CITY-ST-ZIP **W. PALM BCH. FL 33415**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**400005191914--6
-04/04/02--01037--020**

******526.25 ****526.25**

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:

H.S. HOFFMAN

3-26-02 561 684 2884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STATE CHECK HERE