

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016915 AT

DOCUMENT # **A25662**1. Entity Name  
**SR76 AND 76A LTD PARTNERSHIP**Principal Place of Business  
**505 S.E. ST. LUCIE BOULEVARD  
STUART FL 34996**Mailing Address  
**505 S.E. ST. LUCIE BOULEVARD  
STUART FL 34996**

FILED

03 JAN 29 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

DUE BY MAY 1, 2003

4. FEI Number **65-0013162**

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

**KLEIN, ROBERT C.  
505 SE ST. LUCIE BLVD.  
STUART FL 34996**

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.**\$1,000.00**10. Amount of Capital Contributions  
in FLORIDA to date.**1,000.00**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  
STREET ADDRESS  
CITY-ST-ZIP  
**KLEIN, ROBERT C.  
505 S.E. ST. LUCIE BLVD.  
STUART FL**

STREET ADDRESS

CITY-ST-ZIP

**100011154671  
01/29/03--01007--001 \*\*141.25**DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KLEIN, SANDRA L.  
505 S.E. ST. LUCIE BLVD.  
STUART FL**

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:

ROBERT C. KLEIN

Date

**1/23/03**

Daytime Phone #

(772) 288-0170

CR2E003 (10/02)