

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27406**

1. Entity Name
PREPPIES, LTD.



FILED

03 FEB 17 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2235 S.E. MIDPORT RD.
PT. ST. LUCIE FL 34952**

Mailing Address
**C/O PASSARIELLO & STAIANO
6466 NW 5TH WAY
FORT LAUDERDALE FL 33309**

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 **65-0090446**

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

**SEGAL, MIKE
BROAD AND CASSEL, SUITE 3000
201 S. BISCAYNE BLVD
MIAMI FL 33131**

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. **\$171,471.00**

10. Amount of Capital Contributions in FLORIDA to date. **171,471.00**

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 # **K38729**
NAME **BJO, INC.**
STREET ADDRESS **20 CASTLE HILL WAY, SEWALL'S POINT**
CITY-ST-ZIP **STUART FL 34996**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **K38747**
NAME **EGT, INC.**
STREET ADDRESS **518 N. RIVERPOINT DR.**
CITY-ST-ZIP **STUART, FL. 33497 34994**

STREET ADDRESS

CITY-ST-ZIP

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200012594882
02/17/03 01058-008 **526.25

CR2E003 (10/02)

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

2/12/03 772-283-4433

Date

Daytime Phone #