

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UNIFORM UBR

**DOCUMENT # A27761**



**FILED**

**03 FEB 14 PM 3:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**1. Entity Name**  
**PALAFIX PARTNERS, LTD.**

**Principal Place of Business**  
**3728 PHILLIPS HIGHWAY**  
**SUITE 39**  
**JACKSONVILLE FL 32207**

**Mailing Address**  
**3728 PHILLIPS HIGHWAY**  
**SUITE 39**  
**JACKSONVILLE FL 32207**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

**4. FEI Number 65-0087361**

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**

**PHILLIPS, PHILIP B JR.**  
**3728 PHILLIPS HWY.**  
**SUITE 39**  
**JACKSONVILLE FL 32207**

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. \$7,500.00**

**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	STREET ADDRESS	CITY-ST-ZIP
	PHILLIPS, PHILIP B JR.	3728 PHILLIPS HWY. STE. 39	JACKSONVILLE FL 32207

STREET ADDRESS	CITY-ST-ZIP
400012385554	02/12/03--01030--024 **144.75

**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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** \_\_\_\_\_  
Date: 1/15/03 Daytime Phone #: (904) 396 9960

CR2E003 (10/02)