

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021099  
FP

DOCUMENT # **A28504**

1. Entity Name  
**6TH AVENUE AND 17TH STREET PARTNERSHIP, LIMITED**



FILED

2003 APR -2 PM 2:58

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1826 US #1  
VERO BEACH FL 32960**

Mailing Address  
**1826 US #1  
VERO BEACH FL 32960**

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 **65-0127487**

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

**KUTSCHINSKI, RONALD C.  
1826 US HWY #1  
VERO BEACH FL 32960**

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. **\$416,000.00**

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 **RONALD C. KUTSCHINSKI**  
STREET ADDRESS **1220 INDIAN MOUND TRAIL**  
CITY-ST-ZIP **VERO BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **NORMAN E. MILLER, JR.**  
STREET ADDRESS **PO BOX 1946**  
CITY-ST-ZIP **VERO BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

**600015167506**

**04/02/03--01031--027 \*\*526.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**RONALD C  
KUTSCHINSKI 3-31-03 772-978-0700**

Date

Daytime Phone #

CR2E003 (10/02)