

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30360**

Entity Name  
**IMPERIAL LAND ASSOCIATES LIMITED PARTNERSHIP**



**FILED**  
03 APR 30 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

Principal Place of Business  
**1107 HAZELTINE BLVD.  
SUITE 200  
CHASKA MN 55318**

Mailing Address  
**1107 HAZELTINE BLVD.  
SUITE 200  
CHASKA MN 55318**

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 **41-1460337**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

Name **NRAT SERVICES, INC.**

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

**526 E. Park Avenue**

City **Tallahassee**

**FL**

Zip Code **32301**

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

*Sue Brodtmann, asst. secretary 3-1303*

DATE

9. Capital Contributions  
as Shown on record. **\$69,300.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **69,300.00**

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 # **P27141**  
NAME **J.B. GOODMAN ENTERPRISES, INC.**  
STREET ADDRESS **1107 HAZELTINE BLVD., #200**  
CITY-ST-ZIP **CHASKA MN 55318**

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:

*Sue Brodtmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/14/03**

Date

Daytime Phone #

**(92)361-8000**

CR2E003 (10/02)

0020037 MB

STAPLE CHECK HERE