

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30946**

1. Entity Name  
**KINGSBRIDGE REALTY LIMITED PARTNERSHIP**



**FILED**

03 APR 16 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**4182 LIVE OAK BLVD.  
DELRAY BEACH FL 33445**

Mailing Address  
**4182 LIVE OAK BLVD.  
DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0235711**

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

**FELNER, JAY**

**A30946**

**4182 LIVE OAK BLVD.**

**KINGSBRIDGE REALTY LIMITED PARTNERSHIP**

**DELRAY BEACH FL 33445**

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.

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 # **F00000000356**  
NAME **KN ROUND ROCK CORP.**  
STREET ADDRESS **600 CENTRAL AVE., SUITE 365**  
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **FELNER, JAY**  
NAME **4182 LIVE OAK BLVD.**  
STREET ADDRESS **DELRAY BEACH FL 33445**  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400016105224**  
**04/16/03--01031--016 \*\*141.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**\$1,000.00**

STREET ADDRESS

CITY-ST-ZIP

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NAME  
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**F00000000356**

**KN ROUND ROCK CORP.**  
**600 CENTRAL AVE., SUITE 365**  
**HIGHLAND PARK IL 60035**

STREET ADDRESS

CITY-ST-ZIP

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 U. Goldman* By: **Robert U. Goldman, V.P.** 3/25/03 (847) 432-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0012429 AT

0012429 AT

0012429 AT