

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015455 AT

DOCUMENT # **A31258**

1. Entity Name  
**HUGHES INVESTMENT PARTNERSHIP, LTD.**



**FILED**  
03 JAN 29 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1288 LAUREL COURT  
MARCO ISLAND FL 33937**

Mailing Address  
**1288 LAUREL COURT  
MARCO ISLAND FL 33937**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1775730**

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

**HUGHES, MICHAEL L SR.  
1288 LAUREL CT.  
MARCO ISLAND FL 33937**

Name  
**HUGHES, MICHAEL L. SR.**

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

**1288 LAUREL COURT**

City  
**MARCO ISLAND**

**FL**

Zip Code  
**33445**

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 *Michael L. Hughes Sr.*

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

**1/23/03**

DATE

9. Capital Contributions as Shown on record. **\$9,500,000.00**

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  
STREET ADDRESS  
CITY-ST-ZIP  
**HUGHES, MICHAEL L SR.  
1288 LAUREL CT.  
MARCO ISLAND FL**

STREET ADDRESS

CITY-ST-ZIP

**700011195217  
01/29/03--01102--014 \*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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: *Michael L. Hughes* **SIGNATURE REQUIRED** **MICHAEL L. HUGHES** **1/23/03 (239) 394-1231**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)