

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31307**

1. Entity Name
GREAT OAKS PARTNERS, LTD.



FILED

03 FEB 24 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
ATTN: ZEV COHEN
~~55 SETON TRAIL~~
ORMOND BEACH FL 32176

Mailing Address
~~55 SETON TRAIL~~
ORMOND BEACH FL 32176

2. Principal Place of Business
1239 OCEANSHORE BLVD.

3. Mailing Address
1239 OCEANSHORE BLVD.

Suite, Apt. #, etc.
UNIT 12B2

Suite, Apt. #, etc.
UNIT 12B2

City & State
ORMOND BEACH, FL.

City & State
ORMOND BEACH, FL.

Zip
32176

Country
USA

Zip
32176

Country
USA

DUE BY MAY 1, 2003

4. FEI Number **59-3075113**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, ZEN
55 SETON TRAIL
ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent

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. **\$8,500.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$8,500.00**

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

DOCUMENT # **S09583**
NAME **1011 GROUP, INC.**
STREET ADDRESS **C/O ZEV COHEN, 55 SETON TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000011633440
02/24/03--01044--017 **7.00

STREET ADDRESS

CITY-ST-ZIP

000011633440
02/04/03--01010--003 **141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: **Zev Cohen** **1011 GROUP, INC.** **2/28/03** **(386)441-2890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)