

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32056**

1. Entity Name

**ROMMEL INVESTMENT LIMITED PARTNERSHIP**

Principal Place of Business

**4500 NORTH DIXIE HIGHWAY  
FORT LAUDERDALE FL 33334**

Mailing Address

**8101 PULASKI HWY  
SUITE 6  
BALTIMORE MD 21237-2899**

2. Principal Place of Business

**3440-3442 2nd Avenue**

3. Mailing Address

**917 Mt. Hermon Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

City & State

**Salisbury, MD 21804**

Zip

Country

**33334**

**USA**

Zip

Country

**21804**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLEY, PATRICK G.**

**1401 E. BROWARD BLVD., SUITE 206  
FT. LAUDERDALE FL 33301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record.

**\$500.00**

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

**ROMMEL, OSCAR R  
8101 PULASKI HWY., #6  
BALTIMORE MD**

STREET ADDRESS

CITY - ST - ZIP

**917 Mt. Hermon Rd  
Salisbury, MD 21804**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**ROMMEL, ORPAH L  
8101 PULASKI HWY., #6  
BALTIMORE MD**

STREET ADDRESS

CITY - ST - ZIP

**917 Mt. Hermon Rd  
Salisbury, MD 21804**

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CITY - ST - ZIP

**600003251706--6**

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)