

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015956
AT

DOCUMENT # A32177

1. Entity Name
3F RANCH, LTD.Principal Place of Business
128 WEST OAK ST
ARCADIA FL 34266Mailing Address
P.O. BOX 2140
ARCADIA FL 34265

FILED

03 MAR 28 PM 4: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 65-0298502

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

CARVER, CHARLES H ESQ
101 E. KENNEDY BLVD., #4100
TAMPA FL 33602

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.

\$6,005,430.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # S91096
NAME 3F RANCH, INC.
STREET ADDRESS 124 WEST OAK STREET
CITY-ST-ZIP ARCADIA FL 34266

STREET ADDRESS 128 WEST OAK ST.

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 in 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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

Sign Here

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HORST MOSKOWEC
PRES. 3F RANCH, INC.

3/17/03

863-494-6495

Date

Daytime Phone #

CR2E003 (10/02)