

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32960**

1. Entity Name  
**DIXIE PARTNERSHIP, LTD.**



FILED  
03 JAN 28 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**105 SO. NARCISSUS AVE., SUITE 602  
WEST PALM BEACH FL 33401**

Mailing Address  
**105 SO. NARCISSUS AVE., SUITE 602  
WEST PALM BEACH FL 33401**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **65-0382196**

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

**THOMAS, SUSAN**

**105 S. NARCISSUS AVENUE, SUITE 602  
WEST PALM BEACH FL 33401**

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.

**\$80,000.00**

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 # **V36541**  
NAME **THOMRUH, INC.**  
STREET ADDRESS **105 S. NARCISSUS AVE.**  
CITY-ST-ZIP **WEST PALM BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

**200010047442**  
**01/28/03--01057--010 \*\*376.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**200010047442**  
**01/13/03--01054--013 \*\*150.00**

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**AL**

CR2E003 (10/02)

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

**12/31/02**

Date

Daytime Phone #