

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A93000000596**



1. Entity Name  
**LAWRENCE J. SCHOENBERG FAMILY LIMITED PARTNERSHIP**

FILED

03 MAR -6 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**PO BOX 8460  
LONGBOAT KEY FL 34228**

Mailing Address  
**PO BOX 8460  
LONGBOAT KEY FL 34228**



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 **22-3200760**

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

**SCHOENBERG, LAWRENCE J  
415 L'AMBIANCE DRIVE  
LONGBOAT KEY FL 34228**

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. **\$520,000.00**

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 **SCHOENBERG, LAWRENCE J**  
STREET ADDRESS **415 L'AMBIANCE DRIVE**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

STREET ADDRESS

CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

**600013346006**  
**03/04/03--01006--009 \*\*\$26.75**

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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 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 of Lawrence J. Schoenberg*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/26/2003** **941-353-2842**  
Date Daytime Phone #

CR2E003 (10/02)