

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007027 AT

DOCUMENT # A93000000700



1. Entity Name
PATHWAY TO EDEN LIMITED PARTNERSHIP

Principal Place of Business
4314 HWY. C-30 A
SANTA ROSA BEACH FL 32459

Mailing Address
P.O. BOX 1061
SANTA ROSA BEACH FL 32459

FILED
03 JAN 27 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3189447	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MURPHY, MARY H 4314 HIGHWAY C-30-A SANTA ROSA BEACH FL 32459		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above ☐ is the office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation ☐

SIGNATURE _____ DATE _____

9. Capital Contributions as Shown on record. \$20,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	MURPHY, MARY H 4314 HIGHWAY C-30-A SANTA ROSA BEACH FL 32459	STREET ADDRESS CITY-ST-ZIP	700012233317 02/10/03--01119--008 **228.75
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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: *Mary H Murphy* 01/21/03-850654-4246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE