


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015090 AT

DOCUMENT # A93000000957 1. Entity Name SZUMLANSKI FAMILY LIMITED PARTNERSHIP	
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FILED

2003 MAY -8 AM 8:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 1487 SANDCASTLE RD. SANIBEL FL 33957	Mailing Address 1487 SANDCASTLE RD. SANIBEL FL 33957
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-0449617	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SZUMLANSKI, BARRY E 1487 SANDCASTLE RD. SANIBEL FL 33957	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,200,000.00	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 #	SZUMLANSKI, BARRY E	STREET ADDRESS	
NAME	1487 SANDCASTLE RD.	CITY-ST-ZIP	
STREET ADDRESS	SANIBEL FL 33957	CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	SZUMLANSKI, MICHAL	CITY-ST-ZIP	
NAME	1487 SANDCASTLE RD.	CITY-ST-ZIP	
STREET ADDRESS	SANIBEL FL 33957	STREET ADDRESS	800018563528
CITY-ST-ZIP		CITY-ST-ZIP	05/08/03-01044-004 **528.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE REQUIRED** 04/16/03
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE