

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001278

1. Entity Name
BRANDON PROPERTIES PARTNERS, LTD.



Principal Place of Business
C/O SHIMBERG CROSS COMPANY
611 WEST BAY STREET
TAMPA FL 33606

Mailing Address
C/O SHIMBERG CROSS COMPANY
611 WEST BAY STREET
TAMPA FL 33606

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address
P O BOX 489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
RIVERVIEW, FL

Zip

Country

Zip
33568

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3215939

Applied For

Not Applicable

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

CROSS, GLEN E
C/O SHIMBERG CROSS COMPANY
611 WEST BAY STREET
TAMPA FL 33606

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. \$9,900,000.00

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 # F64388
NAME SHIMBERG CROSS COMPANY
STREET ADDRESS 611 WEST BAY STREET
CITY-ST-ZIP TAMPA FL 33606

STREET ADDRESS

CITY-ST-ZIP

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[Signature]

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]* SEQUEN CUSTARD

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/03

813 672 0608

Date

Daytime Phone #