

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A93000001326**



1. Entity Name
SARBECK FAMILY PARTNERS, LTD.

FILED

03 MAR -6 PM 3:20

Principal Place of Business
2436 OAKDALE ST.
TALLAHASSEE FL 32308

Mailing Address
2436 OAKDALE ST.
TALLAHASSEE FL 32308

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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 **59-3214401**

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

**SARBECK, LOUIS S.
2436 OAKDALE ST.
TALLAHASSEE FL 32308**

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 **\$90,000.00** 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 STREET ADDRESS CITY-ST-ZIP	SARBECK, L. STEPHEN 2436 OAKDALE ST. TALLAHASSEE FL 32308	STREET ADDRESS CITY-ST-ZIP	1503 Argonne Rd Tallahassee, FL 32308-0901
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SARBECK, TERESA L 2436 OAKDALE ST. TALLAHASSEE FL 32308	STREET ADDRESS CITY-ST-ZIP	1503 Argonne Rd Tallahassee, FL 32308-0901
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000013345150 03/04/03--01002--024 #328-25
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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:

SIGNATURE *John S. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-26-2003

850-386-8935

Date

Daytime Phone #

CP2E003 (10/02)

15/0001

AT