

2002 UNIFORM BUSINESS REPORT (UBR)

00163889 AT

DOCUMENT # **A94000000929**

1. Entity Name
YALAH PROPERTY PARTNERSHIP LIMITED

FILED
02 APR 29 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
27113 ROBERTSON ROAD
YALAH FL 34797

Mailing Address
27113 ROBERTSON ROAD
YALAH FL 34797



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3254482**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HEROLD, GUENTER
27113 ROBERTSON ROAD
YALAH FL 34797

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$490,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **490,000**

11. **MAKE CHECK PAYABLE TO 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		
DOCUMENT #		
NAME	HEROLD, GUENTER	
STREET ADDRESS	27113 ROBERTSON ROAD	
CITY-ST-ZIP	YALAH FL 34797	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	900005481269--9
CITY-ST-ZIP	-05/07/02--01056--028
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

BK

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: **HEROLD, GUENTER** **4/25/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)