

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013756 AT

**DOCUMENT # A94000001136**



FILED

'03 MAY -6 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name  
**Y. C. FERNANDEZ PROPERTY, LTD.**

Principal Place of Business  
**2700 NORTH MACDILL AVENUE  
TAMPA FL 33607**

Mailing Address  
**P.O. BOX 4118  
TAMPA FL 33677-4118**

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 **59-3261239**

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

7. Name and Address of New Registered Agent

**FERNANDEZ, MAYNARD  
2700 NORTH MACDILL AVENUE  
TAMPA FL 33607**

Name **JOHN FERNANDEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**2700 N. MacDill Av. # 115**  
City **TAMPA** FL Zip Code **33607**

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: *John Fernandez* **JOHN FERNANDEZ PARTNER** 4-16-03  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$45,000.00**

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	
DOCUMENT #	FERNANDEZ, MAYNARD
NAME	2700 NORTH MACDILL AVENUE
STREET ADDRESS	TAMPA FL 33607
CITY-ST-ZIP	
DOCUMENT #	FERNANDEZ, JOHN A
NAME	2700 NORTH MACDILL AVENUE
STREET ADDRESS	TAMPA FL 33607
CITY-ST-ZIP	
DOCUMENT #	LLANES, LIONEL B
NAME	2700 NORTH MACDILL AVENUE
STREET ADDRESS	TAMPA FL 33607
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600018296336
CITY-ST-ZIP	05/06/03--01070--001 **403.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *John Fernandez* **JOHN FERNANDEZ** 4-16-03 913-977-8339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)