2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A94000001272 DOCUMENT



1. Entity Name FIRST DARTMOUTH COMMERCIAL, LTD. FILED 03 FEB 14 PM 2: 54 Principal Place of Business Mailing Address 742 2ND AVENUE SOUTH SECRETARY OF STATE TALLAHASSEE, FLORIDA 742 2ND AVENUE SOUTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 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 59-3269035 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICE, MARTIN E 742 2ND AVE S Street Address (P.O. Box Number is Not Acceptable) SUITE 200 ST. PETERSBURG FL 33701 City 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 egent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$2,088.00 11. MAKE CHECK PAYABLE TO FL. DEPT, OF STATE as Shown on record. in FLORIDA to date. 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 P93000027202 DOCUMENT **#** STREET ADDRESS NAME DARTMOUTH DEVELOPMENT I. INC. STREET ADDRESS 742 2ND AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 P94000067463 DOCUMENT # STREET ADDRESS JORGE ECHARTE, JR., INC. STREET ADDRESS 742 2ND AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 000012388490 CITY-ST-ZIP CITY-ST-ZIP <u> 02/12/03--01006--020 **:158.70</u> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 lequired by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

REQUIFRANK MAGGO 2-4-03 727-541-1100