

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012832 AT

DOCUMENT # A94000001341

1. Entity Name
SWARTZ FAMILY LIMITED PARTNERSHIP



FILED

03 MAY -9 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6041 N.W. 24TH TERRACE
BOCA RATON FL 33496

Mailing Address
6041 N.W. 24TH TERRACE
BOCA RATON FL 33496

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, 2003

4. FEI Number 65-0577563

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SWARTZ, LAWRENCE M
6041 N.W. 24TH TERRACE
BOCA RATON FL 33496

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$44,000.00

10. Amount of Capital Contributions in FLORIDA to date. 44,000

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 #	NAME
NAME	SWARTZ, LAWRENCE M
STREET ADDRESS	6041 N.W. 24TH TERRACE
CITY-ST-ZIP	BOCA RATON FL 33496
DOCUMENT #	NAME
NAME	SWARTZ, MARCIA
STREET ADDRESS	6041 N.W. 24TH TERRACE
CITY-ST-ZIP	BOCA RATON FL 33496
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	900018671439
CITY-ST-ZIP	05/09/03--01041--010 **396.75
STREET ADDRESS	
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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: SIGNATURE REQUIRED Pat 4/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)