

2001 UNIFORM BUSINESS REPORT (UBR)

0013894 AF

DOCUMENT # **A94000001638**

1. Entity Name

DE LA PARTE PARTNERSHIP, LTD.

FILED

01 JUN 14 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MIJH

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3435 BAYSHORE BLVD., #1700 TAMPA FL 33629	Mailing Address 3435 BAYSHORE BLVD., #1700 TAMPA FL 33629
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3283650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DE LA PARTE, L. DAVID
3435 BAYSHORE BLVD., #1700
TAMPA FL 33629

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	DE LA PARTE, LOUIS A JR. 3435 BAYSHORE BLVD., #1700 TAMPA FL 33629 SEE ATTACHED CERTIFICATE OF AMENDMENT
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	DE LA PARTE, HELEN W 3435 BAYSHORE BLVD., #1700 TAMPA FL 33629
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	DE LA PARTE, L. DAVID 101 E. KENNEDY BLVD., STE. 3400 TAMPA FL 33602
NAME	
STREET ADDRESS	
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	200004423652--7
CITY-ST-ZIP	-06/18/01--01017--026
	***578.75 ***526.25
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: *Helen W. de la Parte* **Helen W. de la Parte** 4.20.01 (813) 871-7967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)