

70993220000720234187

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A94000001703	
1. Entity Name GREAT POTPOURRI, LTD.	

FILED

03 JUL 18 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4525 MYRTLE ST. EDGEWATER FL 32141	Mailing Address PMB 354 1982 SR 44 NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3298878Applied For
Not Applicable**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**KELLEY, EOGHAN N
4525 MYRTLE ST
EDGEWATER FL 32141

Name

Street Address (P.O. Box Number is Not Acceptable)

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 agent and date if applicable.

DATE

9. Capital Contributions \$2,742,000.00
as Shown on record.**10. Amount of Capital Contributions**
in FLORIDA to date.11. STATE-BASED FORMS FOR BUSINESS ENTITIES
ARE AVAILABLE FROM THE SECRETARY OF STATE
FOR A FEE OF \$10.00 PER COPY.**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 #	P94000086871
NAME	GREAT POTPOURRI, INC.
STREET ADDRESS	601 W. SEMINOLE BLVD.
CITY-ST-ZIP	SANFORD FL 32771

DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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CITY-ST-ZIP	400018448084 05/07/03--01038--011 **437.50
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STREET ADDRESS	
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CITY-ST-ZIP	
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STREET ADDRESS	400018448084 07/18/03--01073--006 **88.75
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CITY-ST-ZIP	
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STREET ADDRESS	
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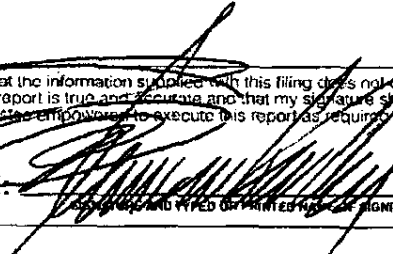
CITY-ST-ZIP	
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STREET ADDRESS	
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STREET ADDRESS	
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CITY-ST-ZIP	
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14. I hereby certify that the information 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 or the limited partnership or the receiver or its authorized representative to execute this report as required by Chapter 620, Florida Statutes.SIGNATURE:  Eoghan N Kelley

386 345 4811

I have signed and typed or printed my name as the signing General Partner

Date

Initials Printed

CH2E003 (10/02)

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STAPLE CHECK HERE