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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

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 59-3298878 ☐ Applied 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 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. $2,742,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P94000086871 GREAT POTPOURRI, INC. 601 W. SEMINOLE BLVD. SANFORD FL 32771	STREET ADDRESS / CITY-ST-ZIP	400018448084 05/07/03--01038--011 **437.50
DOCUMENT # / NAME / STREET ADDRESS / CITY ST ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	400018448084 07/18/03--01073--006 **88.75
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DOCUMENT # / NAME / 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 or the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Eoghan N Kelley 386 345 4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)