

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001780 AT

DOCUMENT # A95000000055



1. Entity Name
THE LEBER FAMILY LIMITED PARTNERSHIP

FILED

03 FEB 07 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11786 LAKE SHORE PLACE
NORTH PALM BEACH FL 33408

Mailing Address
11786 LAKE SHORE PLACE
NORTH PALM BEACH FL 33408

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 65-0547797

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEBER, CHRISTOPHER M.D.
11786 LAKE SHORE PLACE
NORTH PALM BEACH FL 33408

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

DATE

9. Capital Contributions
as Shown on record

\$170,000.00
Authorized \$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

Same as #9
170,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000081317
NAME CHRISTAM, CO.
STREET ADDRESS 11786 LAKESHORE PLACE
CITY-ST-ZIP NORTH PALM BEACH FL 33408

STREET ADDRESS

CITY-ST-ZIP

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M THOMAS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Christopher Leber
Christam Co. President

2/4/2003 (561)626-8591

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE