

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

DOCUMENT # **A95000000886**



1. Entity Name
THE CARDWELL FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**3341 SW 10 ST.
POMPANO BEACH FL 33069**

Mailing Address
**3341 SW 10 ST.
POMPANO BEACH FL 33069**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED 4/25
03 APR -4 PM 5:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



4. FEI Number 65-0587208		Applied For
		Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, RONALD T ESQ.
7000 WEST PALMETTO PARK ROAD, SUITE 404
BOCA RATON FL 33433**

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	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	CARDWELL, NANCY R 3341 SW 10 ST. POMPANO BEACH FL 33069	STREET ADDRESS	0000015318960
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	CARDWELL, JAMES E 3341 SW 10 ST. POMPANO BEACH FL 33069	STREET ADDRESS	04/04/03--01056--012 *\$525.25
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/03

Date

Daytime Phone #