

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

DOCUMENT # A95000001124

1. Entity Name

The David H. Smith Family Limited Partnership

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11550 Mandarin Cove Ln.

3. Mailing Address

11550 Mandarin Cove Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

57-1038598

Applied For

Not Applicable

Country

32223

USA

Zip

32223

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DUE BY MAY 1**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Smith, David H.

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

11550 Mandarin Cove Ln.

City

Jacksonville

FL

Zip Code

32223

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.

DATE

9. Capital Contributions  
as Shown on record.

\$ 40,000

10. Amount of Capital Contributions  
in FLORIDA to date.

\$ 40,000

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 #

NAME

Smith, David H.

STREET ADDRESS

11550 Mandarin Cove Ln.

CITY-ST-ZIP

Jacksonville, FL 32223

STREET ADDRESS

CITY-ST-ZIP

100005694811--9

-06/06/02--01066--010

\*\*\*\*768.75 \*\*\*\*768.75

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

437,50-LP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

331.25-Adm

**DO NOT WRITE  
IN THIS SPACE**

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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: 

DAVID H. Smith

5-22-02

804-  
282-4027

CR2E003B (12/01)