

Due By May 1, 2004

DOCUMENT # A95000001155

1. Entity Name

THE VERZAAL FAMILY LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 29 PM 4:18

Principal Place of Business

5220 FLAVOR PICT RD.  
BOYNTON BEACH, FL 33436

Mailing Address

P.O. BOX 6206  
DELRAY BEACH, FL 33482

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0642904

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

VERZAAL, ADRIAN, R SR.  
960 GARDINIA DRIVE  
DELRAY BEACH, FL 33483

Name: VERZAAL, ADRIAN, R SR.

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

3150 JASMINE DRIVE

DELRAY BEACH

City

FL

Zip Code

33483

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.

\$2,000,000.00

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 VERZAAL, ADRIAN R SR.  
STREET ADDRESS 3150 JASMINE DRIVE  
CITY-ST-ZIP DELRAY BEACH, FL 33483

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME VERZAAL, DALE C  
STREET ADDRESS 9569 CALLIANDRA DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #