

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001278

1. Entity Name  
PRO VENTURES PARTNERSHIP, LTD.



FILED

03 FEB 27 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
~~98 VINEYARDS BOULEVARD~~  
NAPLES FL 34119

Mailing Address  
~~98 VINEYARDS BOULEVARD~~  
NAPLES FL 34119



2. Principal Place of Business  
75 Vineyards Blvd.

3. Mailing Address  
75 Vineyards Blvd. #27

Suite, Apt. #, etc.  
# 500

Suite, Apt. #, etc.  
# 500

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0612827

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

PROCACCI, MICHAEL  
~~98 VINEYARDS BOULEVARD~~  
NAPLES FL 34119

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
75 Vineyards Blvd. # 500

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. \$3,499,482.00

10. Amount of Capital Contributions in FLORIDA to date. 3,499,482.00

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

DOCUMENT #  
NAME PROCACCI, MICHAEL  
STREET ADDRESS ~~98 VINEYARDS BOULEVARD~~  
CITY-ST-ZIP NAPLES FL 34119

DOCUMENT #  
NAME PROCACCI, MICHAEL JR.  
STREET ADDRESS 104 SADDLEBROOK COURT  
CITY-ST-ZIP CHERRY HILL NJ 08003

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS 75 Vineyards Blvd # 500

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Michael Procacci*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 1/29/03 239-3043444 Daytime Phone #

CR2E003 (10/02)