

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0015761 AT

DOCUMENT # **A9500001353**

1. Entity Name

**BRENTWOOD FARMS LIMITED PARTNERSHIP**

02 APR 22 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2450 N. CITRUS HILLS BLVD.  
HERNANDO FL 34442

Mailing Address

2450 N. CITRUS HILLS BLVD.  
HERNANDO FL 34442



2. Principal Place of Business

2476 N. ESSEX AVE.

3. Mailing Address

2476 N. ESSEX AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

HERNANDO, FL

City & State

HERNANDO, FL

4. FEI Number

65-0605705

Applied For

Not Applicable

Zip

Country

34442

Zip

Country

34442

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

ABEL, ERIC D ESQ.

2476 N ESSEX AVENUE

HERNANDO FL 34442

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$300,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # V36387  
NAME 486 PROPERTIES, INC.  
STREET ADDRESS 2450 N. CITRUS HILLS BLVD.  
CITY-ST-ZIP HERNANDO FL 34442

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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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 #

4-19-02

CR2E003 (9/01)