

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

**DOCUMENT # A95000001547**

1. Entity Name  
**LANDING PARTNERS OF SAN ANTONIO, LTD.**



**FILED**  
**03 APR 25 PM 4:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**MJH**

Principal Place of Business  
**7355 S.W. 9TH STREET**  
**VERO BEACH FL 32968**

Mailing Address  
**7355 S.W. 9TH STREET**  
**VERO BEACH FL 32968**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0624929**

Applied For

Not Applicable

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

**GORDON, WILLIAM J**  
**C/O RIVER ASSET MANAGEMENT COMPANY, INC.**  
**7355 SW 9TH ST.**  
**VERO BEACH FL 32968**

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. **\$2,300,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **P95000078836**  
NAME **FL LANDING COMPANY OF SAN ANTONIO, INC.**  
STREET ADDRESS **7355 S.W. 9TH STREET**  
CITY-ST-ZIP **VERO BEACH FL 32968**

STREET ADDRESS

CITY-ST-ZIP

**300017115113**  
**04/25/03--01078--019 \*\*535.00**

DOCUMENT #  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/17/03** **772/770-0042**

CR2E003 (10/02)

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