

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001699**

1. Entity Name

LAST PERFECT WAVE PRODUCTIONS LTD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 22 PM 12:36

WR
4/26

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

691 Uistawilla Dr

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1197

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Winter Springs, FL

City & State

Winter Park, FL

4. FEI Number

59-3320119

Applied For

Not Applicable

Zip

32708

Country

USA

Zip

32790

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joseph Tankersley

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

691 Uistawilla Dr

City

Winter Springs

FL

Zip Code

32790

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

10. Amount of Capital Contributions
in FLORIDA to date.

**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

STREET ADDRESS

CITY-ST-ZIP

**A9400001699
LAST PERFECT WAVE, INC
691 Uistawilla Dr
Winter Springs FL 32708**

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**DO NOT WRITE
IN THIS SPACE**

900005482559

05/17/02-01098-027

*****526.25 ***526.25**

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

Joseph Tankersley

4/19/02

Date

407-365-9992

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)