

2001 UNIFORM BUSINESS REPORT (UBR)

0010806 AF

DOCUMENT # **A95000002024**

1. Entity Name

PRICE INVESTMENTS LIMITED PARTNERSHIP

FILED

01 APR 13 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**8430 ABBINGTON CIRCLE, UNIT C22
NAPLES FL 33963**

Mailing Address

**8430 ABBINGTON CIRCLE, UNIT C22
NAPLES FL 33963**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4015094

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

PRICE, HOMER

8430 ABBINGTON CIRCLE, UNIT C22

NAPLES FL 33963 34108

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

Homer L Price
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 5 2001

9. Capital Contributions
as Shown on record.

\$363,600.00

10. Amount of Capital Contributions
in FLORIDA to date.

202,514

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRICE, HOMER L TRUSTEE
8430 ABBINGTON CIRCLE, UNIT C22
NAPLES FL 33963**

STREET ADDRESS

CITY-ST-ZIP

000004037250--0
-04/20/01--01136--021
*****526.25 ***526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRICE, SHIR LEE TRUSTEE
8430 ABBINGTON CIRCLE, UNIT C22
NAPLES FL 33963**

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:

Homer L Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

April 5 2001 630-584-4993

CR2E003 (11/00)