

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000002024**

1. Entity Name  
**PRICE INVESTMENTS LIMITED PARTNERSHIP**



**FILED**

**03 MAR 13 AM 8:35**

**SECRETARY OF STATE  
TREASURY FLORIDA**



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

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **36-4015094**

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

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

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. **\$363,600.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **243,823**

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

STREET ADDRESS

CITY-ST-ZIP

**500014067555  
03/13/03--01059--011 \*\*526 25**

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

STREET ADDRESS

CITY-ST-ZIP

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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

**3/9/03**

Date

Daytime Phone #

STAPLE CHECK HERE