2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR 20 PM 1:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

3/20

DOCUMENT # A95000002043

1. Entity Name
THE MAY FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
721 CONCH SHELL WAY PLANTATION, FL 33324	721 CONCH SHELL WAY PLANTATION, FL 33324

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 65-0628094 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAY, GEORGE
721 CONCH SHELL WAY
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. $5,000.00

10. Amount of Capital Contributions in FLORIDA to date. $5,000

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	MAY, GEORGE	STREET ADDRESS	
STREET ADDRESS	721 CONCH SHELL WAY		
CITY-ST-ZIP	PLANTATION, FL 33324KKKK	CITY-ST-ZIP	
DOCUMENT #			
NAME	MAY, GLORIA	STREET ADDRESS	400014410684
STREET ADDRESS	721 CONCH SHELL WAY		03/20/03--01049--011 **141.25
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
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NAME		STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		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 ____________________ 3/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)