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
721 CONCH SHELL WAY
PLANTATION, FL 33324

Mailing Address
721 CONCH SHELL WAY
PLANTATION, FL 33324

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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 #		STREET ADDRESS	
NAME	MAY, GEORGE		
STREET ADDRESS	721 CONCH SHELL WAY	CITY-ST-ZIP	
CITY-ST-ZIP	PLANTATION, FL 33324KKKK		
DOCUMENT #		STREET ADDRESS	400014410684
NAME	MAY, GLORIA		
STREET ADDRESS	721 CONCH SHELL WAY	CITY-ST-ZIP	03/20/03--01049--011 **141.25
CITY-ST-ZIP	PLANTATION, FL 33324		
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STAPLE CHECK HERE

CR2E003 (10/02)

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 #