

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014916 AT

DOCUMENT # A96000000526



1. Entity Name
FLORDECO, LTD.

FILED
03 APR 30 AM 5:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

Principal Place of Business
3591 FOWLER STREET
FT. MYERS FL 39901

Mailing Address
P.O. BOX 6966
FORT MYERS FL 33911

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 65-0671467

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

CRONIN, THOMAS R SR.
3591 FOWLER STREET
FT. MYERS FL 39901

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. \$1,820,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # P95000081349
NAME INVESTORS TRUST, INC.
STREET ADDRESS 3591 FOWLER STREET
CITY-ST-ZIP FT. MYERS FL 39901

STREET ADDRESS 04/30/03--01022--002 **535.00

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

239-986

SIGNATURE: *Edwin Garcia* PRES INVESTORS TRST 4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

8888

CR2E003; (10/02)

STAPLE CHECKS HERE