

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012160 AT

DOCUMENT # **A96000000617**

1. Entity Name  
**LINSA, LTD.**



**FILED**  
03 APR 25 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**MJH**

Principal Place of Business  
**7280 WEST PALMETTO PARK ROAD, SUITE 306-N  
BOCA RATON FL 33433**

Mailing Address  
**7280 WEST PALMETTO PARK ROAD, SUITE 306-N  
BOCA RATON FL 33433**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0656383**

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

**BEAVER PROPERTIES, INC.  
7280 W. PALMETTO PARK RD.  
STE. 306N  
BOCA RATON FL 33433**

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. **\$2,220,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,246,407.00**

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 # **P96000013800**  
NAME **KASSIS HOLDINGS, INC.**  
STREET ADDRESS **7280 WEST PALMETTO PARK ROAD, SUITE 306-N**  
CITY-ST-ZIP **BOCA RATON FL 33433**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**900017112349**

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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: **Emilia Sabga**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/2/03**

Date

**561 392 2777**

Daytime Phone #

CR2E003 (10/02)