

2001 UNIFORM BUSINESS REPORT (UBR)

0018061 AF

DOCUMENT # A96000000763

1. Entity Name

L & C VENTURE, LTD.

FILED

01 APR 23 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

550 TOPS'L BEACH BLVD.
TIDES #311
DESTIN FL 32541

Mailing Address

550 TOPS'L BEACH BLVD
TIDES #311
DESTIN FL 32541

2. Principal Place of Business

515 Tops'l Beach Blvd
Suite, Apt. #, etc.
710

3. Mailing Address

515 Tops'l Beach Blvd
Suite, Apt. #, etc.
710

City & State
Destin, FL

Zip
32550

Country

City & State
Destin, FL

Zip
32550

Country

4. FEI Number

59-3372679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LILES, BUDDY
550 TOPS'L BEACH BLVD.
TIDES #311
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200004221507--2

-05/17/01--01005--029

****165.75 ****165.75

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.

SIGNATURE Buddy Liles
Signature, typed or printed name of registered agent and title if applicable.

Buddy Liles
(NOT Registered Agent signature required when reinstating)

4-16-01

DATE

9. Capital Contributions
as Shown on record.

\$11,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # P93000029636
NAME BUDDY LILES CO.
STREET ADDRESS #5 WIMBLEDON CT.
CITY-ST-ZIP DESTIN FL 32541

13. ADDRESS CHANGES ONLY

STREET ADDRESS

Buddy Liles Co.

CITY-ST-ZIP

515 Tops'l Beach Blvd. #710
Destin, FL 32550

STREET ADDRESS

CITY-ST-ZIP

77.00-Op
88.75-Adm

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

Buddy Liles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-16-01 (850) 622-2736

CP2E003 (11/00)