

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0007106  
AT

DOCUMENT # **A96000000763**

1. Entity Name

**L & C VENTURE, LTD.**

02 MAY 22 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**515 TOPS'L BEACH BLVD.  
#710  
DESTIN FL 32550**

Mailing Address

**515 TOPS'L BEACH BLVD.  
#710  
DESTIN FL 32550**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3372679**

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

**LILES, BUDDY**

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

Name **Buddy Liles**

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

**515 TOPS'L Beach Blvd. #710**

City **Destin**

**FL**

Zip Code  
**32550**

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.

**4-18-02**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000029636**  
NAME **BUDDY LILES CO.**  
STREET ADDRESS **515 TOPS'L BEACH BLVD.**  
CITY-ST-ZIP **DESTIN FL 32550**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500005677845--4**

**06/04/02 01067-010**

**\*\*\*165.75 \*\*\*165.75**

DOCUMENT #  
NAME  
STREET ADDRESS  
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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

SIGNATURE:

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

**4-18-02 (850) 622-2736**

Date

Daytime Phone #

CR2E003 (9/01)