

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011791 AT

DOCUMENT # A96000000945

1. Entity Name
SUPERIOR ASSET MANAGEMENT, LTD.



FILED
03 APR 24 PM 4:32

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
745 US HIGHWAY ONE, SUITE 209
NORTH PALM BEACH FL 33408

Mailing Address
745 US HIGHWAY ONE, SUITE 209
NORTH PALM BEACH FL 33408



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 65-0666867

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

HEITMEYER, RICHARD
745 US HIGHWAY ONE, SUITE 209
NORTH PALM BEACH FL 33408

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.

000016958730
04/24/03--01051--002 **526.25
DATE

9. Capital Contributions as Shown on record. \$13,500,000.00

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 # P96000012794
NAME SUPERIOR ASSET EQUITY CORPORATION
STREET ADDRESS 745 US HIGHWAY ONE, SUITE 209
CITY-ST-ZIP NORTH PALM BEACH FL 33408

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/03
Date

561-776-1100
Daytime Phone #

CR2E003 (10/02)

31 APR 03 11:00 AM