

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

The DANPAT 1 Limited Partnership  
A96000001320

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4855 VELASQUEZ

Suite, Apt. #, etc.

3. Mailing Address

4855 VELASQUEZ

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

A96000001320

Applied For

Not Applicable

Zip

32504

Country

US

Zip

32504

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

HARRY D. KAHN, JR.

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

4855 VELASQUEZ

City

Pensacola

FL

Zip Code

32504

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

(REGISTERED AGENT & GENERAL PARTNER)

DATE

9. Capital Contributions  
as Shown on record.

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KAHN, ~~PATRICIA B.~~ HARRY D.  
4855 VELASQUEZ  
Pensacola, FL 32504

STREET ADDRESS

200021704782

CITY-ST-ZIP

05/02/03--01134--001 \*\*25.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KAHN, PATRICIA B.  
4855 VELASQUEZ  
Pensacola, FL 32504

STREET ADDRESS

200021704782

CITY-ST-ZIP

07/21/03--01007--023 \*\*501.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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**DO NOT WRITE  
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CITY-ST-ZIP

**BK**

DOCUMENT #

NAME

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: (SEE ABOVE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/01)