

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002459**

1. Entity Name  
**THE MARIEL GRACE LIMITED PARTNERSHIP**



Principal Place of Business  
**9119E BOCA GARDENS CIRCLE SOUTH  
BOCA RATON FL 33496**

Mailing Address  
**9119E BOCA GARDENS CIRCLE SOUTH  
BOCA RATON FL 33496**

**FILED**  
**03 MAY -6 PM 7:21**  
**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**MMJH**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **65-0716622**

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

~~BOHN, SANDRA L~~  
**9119E BOCA GARDENS CIRCLE SOUTH  
BOCA RATON FL 33496**

*NOTE NAME CHANGE  
Due to  
DIVORCE  
SANDRA L. FREEMAN*

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]*  
Signature, typed or printed name of registered agent and title if applicable.

*formerly Sandra Bohn*

DATE

*4/24/03*

9. Capital Contributions  
as Shown on record. **\$20,000.00**

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 #  
NAME ~~BOHN, SANDRA L~~ **FREEMAN**  
STREET ADDRESS **9119E BOCA GARDENS CIRCLE SOUTH**  
CITY-ST-ZIP **BOCA RATON FL 33496**  
*Charge Due to Divorce*

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**900018031559**  
**05/06/03--01016--025 \*\*158.75**

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*4/24/03*

CR2E003 (10/02)

0012906 AT