

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 JUL 10 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000039

1. Entity Name

LEDDING LIMITED PARTNERSHIP

Principal Place of Business

5055 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

Mailing Address

5055 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

2. Principal Place of Business

5055 Gulf of Mexico
Suite, Apt. #, etc.

3. Mailing Address

PO Box 9760
Suite, Apt. #, etc.



DUE BY MAY 1, 2002

City & State

Longboat Key Fla
Zip 34228 Country USA

City & State

Longboat Key FL
Zip 34228 Country Manatee

4. FEI Number

65-0738518

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEDDING, NANCY C
5055 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

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.

SIGNATURE

Nancy C. Ledding
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$92,397.00

10. Amount of Capital Contributions
in FLORIDA to date.

92,397.00

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 LEDDING, NANCY C
STREET ADDRESS 5055 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL 34228

DOCUMENT #
NAME LEDDING, EDWARD F
STREET ADDRESS 5055 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL 34228

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CR2E003 (9/01)

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:

Nancy C. Ledding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER.

6/20/02
Date

Daytime Phone #