

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000191**

1. Entity Name  
**ATLANTIC COURT, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 AUG 11 AM 10:17

Principal Place of Business  
**3037 BUCKRIDGE TRAIL  
LOXAHATCHEE FL 33470**

Mailing Address  
**P.O. BOX 885  
LOXAHATCHEE FL 33470**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 24, 2003**

City & State

City & State

4. FEI Number **65-0736250**

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

**PFERDEKAEMPER, HORST EWALD  
3037 BUCKRIDGE TRAIL  
LOXAHATCHEE FL 33470**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$1,400.00**

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 # **S63886**  
NAME **T.H.C. FINANCIAL SERVICES, INC.**  
STREET ADDRESS **3037 BUCKRIDGE TRAIL, BOX 885**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

STREET ADDRESS

CITY-ST-ZIP

**200022406632**  
**08/19/03--01020--013 \*\*150.00**

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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

Date

Daytime Phone #

**(761) 753 0819**

0001333 AT

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CR2E003 (4/03)

111

STAPLE CHECK HERE

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DR. HOWALD PFERDEKAEMPER

DIPL.-ING.

POST OFFICE BOX 885  
LOXAHATCHEE - PALM BEACH COUNTY  
FLORIDA 33470

FAX: USA-561-798-3886

PHONE: USA-561-753-0819

howaldp@aol.com

Registration Section  
Division of Corporations

ATT: MS.BRENDA TADLOCK

08/10/2003

RE:ATLANTIC COURT,LTD.

Dear Mr.Tadlock,

All the companies I am involved file the registration in time since years. Unfortunately we did not receive the register form for ATLANTIC COURT at the begin of this year and subsequently forgot to file.

In view of our history, please try to avoid a penalty payment.

Enclosed the file and a check. I calculated the fee as follows:

Filing fee	\$ 52,50
UBR Suppl.fee	\$ 88,75
Certificate	\$ 8,75
<hr/> Total	<hr/> \$ 150.00

I thank you, that you called me making me aware, that we had forgotten to file for ATLANTIC COURT,LTD.

Sincerely

*Howald Pferdekaemper*