

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A97000000381

1. Entity Name

SHELDEN AND MYRNA TAXER  
FAMILY LIMITED PARTNERSHIP

FILED

02 MAY -6 PM 2: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
7722 SLOANE GARDENS

Suite, Apt. #, etc.

3. Mailing Address  
7722 SLOANE GARDENS

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State  
UNIVERSITY PARK, FL

City & State  
UNIVERSITY PARK, FL

4. FEI Number  
65-0766871

Applied For  
Not Applicable

Zip  
34201

Country  
USA

Zip  
34201

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
SHELDEN TAXER

Street Address (P.O. Box Number is Not Acceptable)  
7722 SLOANE GARDENS

City FL Zip Code  
UNIVERSITY PARK FL 34201

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, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record

\$1,411,234.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1,411,234.00

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 SHELDEN TAXER  
STREET ADDRESS 7722 SLOANE GARDENS  
CITY - ST - ZIP UNIVERSITY PARK, FL 34201

STREET ADDRESS  
CITY - ST - ZIP  
STREET ADDRESS  
CITY - ST - ZIP  
600005556166--0  
-05/17/02--01012--012  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME MYRNA TAXER  
STREET ADDRESS 7722 SLOANE GARDENS  
CITY - ST - ZIP UNIVERSITY PARK, FL 34201

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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: *Myrna Taxer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*5/1/02* *941)359-6587*  
Date Daytime Phone #

MANN, HASSON & CO., P.A. 71-0577422  
18 Corporate Hill Dr. - Suite 207

CR2E003B (12/01)

STAPLE CHECK HERE