2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

A97000000478 **DOCUMENT #**

1. Entity Name

STUART FL 34996

Principal Place of Business 23 RIDGELAND DRIVE

2. Principal Place of Business

THE KREMSER FAMILY LIMITED PARTNERSHIP NORTH



Mailing Address 23 RIDGELAND DRIVE STUART FL 34996

3. Mailing Address

FILED 2003 JAN -9 AM 11:51 DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA



Suite, Apt.	#, etc.	Suite, A	pt. #, etc.		DUE BY MAY 1, 2003		
City & State		City & S	City & State		1 4. (CINOMOCI 65-0/3/58)	Applied For	
On, a one	•				00 0101001	Not Applicable	
Zip	Country	Zip	(Country	5. Certificate of Status Desired Fee Requ		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
"			 -	Name		. 1	
SOPKO, JAMES ESQ.				Street Address (P.O. Box Number is Not Acceptable)			
2307 S.E. MONTEREY ROAD							
STUART FL 34994							
				City	FL Zip C	ode	
				'		ith and against	
8. The above the obligation	named entity submits this statement ons of registered agent.	for the purpose	of changing its reg	istered office or regis	tered agent, or both, in the State of Florida. I am familiar wi	ili, and accept	
SIGNATURE ————————————————————————————————————							
Signature, typed or printed name of registered agent and title it applicable.				ontributions	11. MAKE CHECK PAYABLE TO FL. D	EPT. OF STATE	
as Shown on record. \$2,037,009.00 in FLORIDA to date					SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNE	R THAT IS A E	SUSINESS ENTIT	Y MUST BE REGI	STERED AND ACTIVE WITH THIS OFFICE.	}	
	NOTE: General Partners I	MAY NOT be	changed on the t	iorm; an amendm	ent must be filed to change a general partner. ADDRESS CHANGES ONLY		
12. GENERAL PARTNER INFORMATION				13.	ADDRESS CHANGES ONLY		
DOCUMENT #				STREET ADDRESS			
NAME	THE RESERVE TO A P. LEWIS CO. L. P.			500000000000			
STREET ADDRESS CITY-ST-ZIP	STUART FL 34996			CITY-ST-ZIP	500009982165 01/09/0301028005 **526.	. 25	
DOCUMENT #				STREET ADDRESS			
NAME							
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP				1	The second secon		
DOCUMENT #				STREET ADDRESS		ì	
NAME STREET ADDRESS	÷						
CITY-ST-ZIP	•			CITY-ST-ZIP	<u> </u>	<u>-</u>	
DOCUMENT #	 			STREET ADDRESS			
NAME							
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP							
DOCUMENT #	•			STREET ADDRESS		ł	
NAME STREET ADDRESS					<u> </u>		
CITY-ST-ZIP	·			CITY-ST-ZIP			
DOCUMENT #				CABLLA VODDECC			
NAME				STREET ADORESS			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP					Coation 110 07/3Vi) Florido Statutas I further contifu that t	the information	
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certified in Section 119.07(3)(i							

t as required by Chapter 620, Florida Statutes

SIGNATURE:

i/4/03 (772)287-1596 Daytime Phone #

CR2E003 (10/02)