

2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2003 8:00 A.M.
Secretary of State

DOCUMENT # A97000000607

1. Entity Name

ALTEN LIMITED PARTNERSHIP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9447 COVENTRY LAKE COURT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

WEST PALM BEACH, FL

City & State

4. FEI Number

65-0735498

Applied For

Not Applicable

Zip

33411

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name STEVEN R. ALTEN

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

9447 COVENTRY LAKE COURT

City WEST PALM BEACH

FL

Zip Code
33411

DO NOT WRITE
IN THIS SPACE

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.

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

DOCUMENT #

P97000020844

NAME

MEGALDON, INC.

STREET ADDRESS

9447 COVENTRY LAKE COURT

CITY-ST-ZIP

WEST PALM BEACH, FL 33411

STREET ADDRESS

600014242606

CITY-ST-ZIP

03/17/03 01071 011

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

141.25

CITY-ST-ZIP

DOCUMENT #

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Steve Alten

4/29/03

DATE

581-798-0844

CALLING PAGE #

STAPLE CHECK HERE

CR2E003B (12/02)