

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011899 AT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 30 PM 3:42



DOCUMENT # A97000000725	
1. Entity Name HADDEN FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 1488 BREAKERS WEST BOULEVARD WEST PALM BEACH FL 33411	Mailing Address 1488 BREAKERS WEST BOULEVARD WEST PALM BEACH FL 33411
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
4. FEI Number 65-0740567	Applied For Not Applicable

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HADDEN, WILLIAM B 1488 BREAKERS WEST BOULEVARD WEST PALM BEACH FL 33411	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	HADDEN, WILLIAM B	STREET ADDRESS	700011198027
NAME	1488 BREAKERS WEST BOULEVARD	CITY-ST-ZIP	01/30/03--01012--004 **158.75
STREET ADDRESS	WEST PALM BEACH FL 33411		
CITY-ST-ZIP			
DOCUMENT #	HADDEN, LOUISE F	STREET ADDRESS	
NAME	1488 BREAKERS WEST BOULEVARD	CITY-ST-ZIP	
STREET ADDRESS	WEST PALM BEACH FL 33411		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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: 	1/24/03	561-790-4689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

CR2E003 (10/02)