## **2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

## A9700000809 **DOCUMENT #**

1. Entity Name THÉ JOHN FOSTER AND ELIZABETH G. MARTIN FAMILY L IMITED PARTNERSHIP

Principal Place of Business 1011 JAKE DAVIS DRIVE

STAPLE UTEON HENE



Mailing Address

FILED 03 APR 16 AM 7: 13 SECRETARY OF STATE TALLAHASSEE FLORIDA

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OHEVADO LE	32000-1307		- OHLANDO FL 32006-1367	•						
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2. Principal F	Place of Busin	Point LANG	3. Mailing Address	- Point	LA	NE YIL	7			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DUE BY MAY 1, 2003					
Longwood, Florida			Longwood, Flore		1	4. FEI Number 59-	3446032		Applied For Not Applica	_
3277		Country	32779	Country		5. Certificate of Stat	us Desired [		\$8.75 Additional ee Required	
	6. Name	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent					
MADTIN		Name	Name							
Martin,		Street A	Street Address (P.O. Box Number is Not Acceptable)							
1011-LAK	WE 1,09 Ceau	Sueer	direct Address (i. O. Dox Number is Not Addeptable)							
ORLANDO	) FL-32806-	1367 Löngwol	od, Fl. 32179	-	-					
		•		City				FL	Zip Code	
	named entity tions of registr		the purpose of changing its r	egistered office o	register	ed agent, or both, in the	e State of Florida.	I am fa	amiliar with, and acce	pt
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable.	<del></del>			<u> </u>	DATE		
9. Capital Co as Shown		\$1,719,927.00	10. Amount of Capital in FLORIDA to da	Contributions te. 1,7/9,	927	7. 00			TO FL. DEPT. OF STAT FEE INFORMATION	E
			HAT IS A BUSINESS ENT Y NOT be changed on th	TITY MUST BE	REGIS1	TERED AND ACTIVI				
12.	GENERAL PARTNER	13.	ADDRESS CHANGES ONLY							
DOCUMENT <b>#</b> NAME	J.F. MART	IN LLC	a da Bill	STREET ADDRESS	10	9 CE dar				
STREET ADDRESS CITY-ST-ZIP	1011 LAKE ORLANDO	EDAVIS DRIVE 109 EL 92806 1367 んのの	Cedar Point Li gwood, Fl. 3217	CITY-ST-ZIP	Lo	vgwood,	Florid	A	32779	
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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: Z