

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
01 APR 26 PM 6:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A97000001053**

1. Entity Name  
**FOG PARTNERS FIVE LIMITED**

|  |  |
|--|--|
| Principal Place of Business<br><b>1745 WEST FLETCHER AVENUE<br/>TAMPA FL 33612</b> | Mailing Address<br><b>1745 WEST FLETCHER AVENUE<br/>TAMPA FL 33612</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



DO NOT WRITE IN THIS SPACE

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>59-3444515</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                         |  | 7. Name and Address of New Registered Agent        |  |
| <b>RICE, MICHAEL P<br/>1745 WEST FLETCHER AVENUE<br/>TAMPA FL 33612</b> |  | Name   |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | City   |  |
|   |  | State Zip Code<br><b>FL</b>                        |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

|  |   |   |
|--|---|---|
| 9. Capital Contributions as Shown on record.<br><b>\$99.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>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                     |  | 13. ADDRESS CHANGES ONLY |  |
|---|--|--------------------------|--|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P94000033157<br/>FOG GENERAL, INC.<br/>1745 WEST FLETCHER AVENUE<br/>TAMPA FL 33612</b> | STREET ADDRESS           |  |
|   |  | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           |  |
|   |  | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           |  |
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|   |  | CITY-ST-ZIP              |  |

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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:** *Michael P. Rice* **4/16/01** **(813) 968-6511**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)