

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

DOCUMENT # **A97000001625**

1. Entity Name  
**APRIL FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**8300 TYNDALE COVE  
AUSTIN, TX 78733**

Mailing Address  
**8300 TYNDALE COVE  
AUSTIN TX 78733**

FILED

2003 FEB 11 PM 12:09

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0787852**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PAYNE, L. HOWARD ESQ.  
720 SOUTH ORANGE AVENUE  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. **\$6,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,568,368.75**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **SUSAN APRIL, CO-TRUSTEE OF JOHN J. APRIL**  
STREET ADDRESS **8300 TYNDALE COVE**  
CITY-ST-ZIP **AUSTIN TX 78733**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **NANCY APRIL, CO-TRUSTEE OF JOHN J. APRIL**  
STREET ADDRESS **377 SAHLER MILL ROAD**  
CITY-ST-ZIP **OLIVE BIDGE NY 12461**

STREET ADDRESS

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:

**SUSAN APRIL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**(512)  
347-1062**

CR2E003 (10/02)