

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

DOCUMENT # A97000001 828

1. Entity Name

THE DESENBERG FAMILY PART. LTD. FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6247 Rock Creek

Suite, Apt. #, etc.

3. Mailing Address

6312 U.S. Hwy 301 N

Suite, Apt. #, etc.

PMB 396

City & State

ELLENTON FLORIDA

City & State

ELLENTON FLORIDA

Zip

34222

Country

USA

Zip

34222

Country

USA

4. FEI Number

58-2503217

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

400018687084

05/09/03 01114 005

\$535.00

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DESENBERG, MILFORD M. JR.

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

1321 N. LAKEHURST DR.

City SARASOTA FLORIDA FL

Zip Code

34231

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

as Shown on record.

\$3,801,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #
NAME DIRECTOR GENERAL PARTNER
STREET ADDRESS DESENBERG, MILFORD M. JR.
CITY-ST-ZIP 6312 U.S. HWY 301 N PMB 396
ELLENTON FL 34222

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME DIRECTOR GENERAL PARTNER
STREET ADDRESS DESENBERG, ZITA
CITY-ST-ZIP 6312 U.S. HWY 301 N. PMB 396
ELLENTON FL 34222

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

MILFORD M. DESENBERG JR

6-17-03

941 721-7899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/01)