

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

11/03/04

**DOCUMENT # A97000001872**  
 1. Entity Name  
**NINE CABBAGES PARTNERSHIP, LTD.**



**FILED**  
 03 FEB 12 AM 8:55  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business  
 1417 CHISHOLM RIDGE CT.  
 ST CLOUD FL 34771

Mailing Address  
 1417 CHISHOLM RIDGE CT.  
 ST CLOUD FL 34771



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

2/12

**DUE BY MAY 1, 2003**

City & State

4. FEI Number **59-3465862**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEFKOWITZ, IVAN M ESQ.**  
**430 NORTH MILLS AVENUE**  
**ORLANDO FL**

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

9. Capital Contributions as Shown on record. **\$1,574,135.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
 SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	<b>P97000053591</b>
NAME	<b>JOHNSTON ENTERPRISES, INC.</b>
STREET ADDRESS	<b>1417 CHISHOLM RIDGE CT.</b>
CITY-ST-ZIP	<b>ST CLOUD FL 34771</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>200012327412</b> <b>02/12/03--01003--002 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

CP2E003 (10/02)

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: *Ivan M Lefkowitz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-4-03  
 Date

407-899-9935  
 Daytime Phone #