

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# A97000001917

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: APOLLO PINES FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

P.O. BOX 7571
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7571
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0770763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMEK, THEODORE J
4724 HANSARD AVE.
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Capital Contributions as Shown on record: 100.00

Amount of Capital Contributions in Florida to date: 100.00

GENERAL PARTNER INFORMATION:

Document #:

Name: LEMEK, THEODORE J
Address: 4724 HANSARD AVE.
City-St-Zip: NORTH PORT, FL 34287

Document #:

Name: LEMEK, KATHLEEN A
Address: 4724 HANSARD AVE.
City-St-Zip: NORTH PORT, FL 34287

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KETHLEEN A. LEMEK

Electronic Signature of Signing General Partner

04/27/2002

Date