## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

A9700002050 **DOCUMENT #** 

1. Entity Name NL CHOBEE, LTD.

Principal Place of Business

SIAPLE CREUN MENE

SIGNATURE:



FILED 03 APR 22 AM 8: 47 SECRETARY OF STATE
TALLAHASSEE FLORIDA

| % Southern<br>21301 Poweri<br>Boca Raton  | LINE RD STI  | IT & DEVELOPMENT<br>E. 312  | P.O. BOX 11229<br>KNOXVILLE TN 37939   |   |  |  |  |
|---|--|---|--|---|--|--|--|
| 2. Principal Place of Business  |  |   | 3. Mailing Address   |   |  |  |  |
| Suite, Apt.   | #, etc.  | <del></del>   | Suite, Apt. #, etc.  |   |  | DUE BY MAY 1, 2003   |  |
| City & State  | е  |   | City & State   |   |  | 4. FEI Number 58-2348411 Applied For Not Applicable  |  |
| Zip Country   |  | Zip   | Zip Country  |   | 5. Certificate of Status Desired S8.75 Additional Fee Required |  |  |
| 6. Name and Address of Current Registered Agent   |  |   |  |   |  | 7. Name and Address of New Registered Agent  |  |
| WALTERS, CUIFFORD L   |  |   |  |   | Name   |  |  |
|   | STREET W   |   |  | Street Addre  |  | ss (P.O. Box Number is Not Acceptable)   |  |
| BRADENTON FL 34205  |  |   |  |   |  |  |  |
|   |  |   |  | 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.   |  |   |  |   |  |  |  |
| 9. Capital Contributions \$0.700.00 10. Am  |  |   |  | ount of Capital Contributions<br>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   |  | 13.   |  | ADDRESS CHANGES ONLY.  |  |
| DOCUMENT #  |  |   |  | TION  |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   | , CI   |   | ST-ZIP   |  |  |
| DOCUMENT #  | G83740   | DE INVESTMENT CORP  | RATION   |   | ET ADDRESS   | maaa aamuu daa   |  |
| STREET ADDRESS<br>CITY+ST-ZIP   | ADDRESS 5410 HOMBERG DRIVE                         |   |  | CITY-   | ST-ZIP   | <u>500016657495</u><br>04/22/0301032021 **158.65   |  |
| DOCUMENT #  | P9600002   |   | ,  | STREE   | ET ADDRESS   |  |  |
| STREET ADDRESS CITY-ST-ZIP  | 1379 LYO   |   |  | : CITY-   | ST-ZIP   |  |  |
| DOCUMENT #  | 1  | 0,152,117 8 00000   | · ·  | STREE   | ET ADDRESS   |  |  |
| STREET ADDRESS  | ,  |   |  | СІТҮ-   | ST-ZIP   |  |  |
| DOCUMENT #  |  | <del></del> _   | <del></del>  | STREE   | ET ADDRESS   |  |  |
| STREET ADDRESS  |  |   |  | CITY-   | ST-ZIP   |  |  |
| DOCUMENT #  | <del></del>  | · · ·   | <del></del> ,  | STREE   | T ADDRESS  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | l  |   |  | CITY-   | ST-ZIP   |  |  |
| 14. i hereby c  | certify that the<br>on this repor<br>er or trustee | e information supplied with<br>t is true and accurate and<br>empowered to execute the | this filing does not qua<br>that my signature shall<br>s report as required by | alify for the exen<br>have)the same<br>Chapter 620, F | nption stated in<br>legal effect as i<br>lorida Statutes       | Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or |  |