

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007018 AT

DOCUMENT # **A97000002068**

1. Entity Name  
**SEYMOUR R. AND JOAN W. ROSEN FAMILY PARTNERSHIP, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -9 PM 12:56

4/9

Principal Place of Business  
**3009 4TH ST.  
MARIANNA FL 32446**

Mailing Address  
**3009 4TH ST.  
MARIANNA FL 32446**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3471260**

Applied For

Not Applicable

Zip

Country

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

**COLEMAN, C. RANDOLPH  
9250 BAYMEADOWS ROAD, SUITE 230  
JACKSONVILLE FL 32256**

Name **Coleman, C. Randolph**  
Street Address (P.O. Box Number is Not Acceptable)  
**9250 Baymeadows Rd, Suite 230**  
**Suite 450**  
City **Jacksonville** **FL** Zip Code **32256**

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. **\$980,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **ROSEN, SEYMOUR R**  
STREET ADDRESS **3009 4TH ST.**  
CITY-ST-ZIP **MARIANNA FL 32446**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **ROSEN, JOAN W**  
STREET ADDRESS **3009 4TH ST.**  
CITY-ST-ZIP **MARIANNA FL 32446**

STREET ADDRESS

CITY-ST-ZIP

**900015544779**  
**04/09/03--01014--014 \*\*526.25**

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Joan W. Rosen* **Joan W. Rosen** **1/3/03** **(850) 526-3937**

CR2E003 (10/02)