## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # A9700002105

1. Entity.Name LONGBOAT KEY EQUITIES, LTD.



Principal Place of Business
1900 BEN FRANKLIN DRIVE
SUITE B806
SARASTOA FL 34236

2. Principal Place of Business
Suite Ant # etc
Suite Ant # etc
Suite Ant # etc

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SEGRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business     Address     Address			<del></del>									
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE			DUE BY MA	BY MAY 1, 2003				
City & State City & State							4. FEI Number 65-0795262		Applied F Not Appli			
Zip		Country	Z	Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent								7. Name and A	ddress of New Regi	stered Ag	ent	
SILBERSTEIN, DAVID M ESQ. 720 SOUTH ORANGE AVENUE SARASOTA FL 34236					Ţ	Name Street Address (P.O. Box Number is Not Acceptable).						
						City FL Zip Code						
			ent for the pu	urpose of changing its	registere	ed office or	registere	d agent, or both,	, in the State of Florida	ı. I am far	miliar with, and ac	cept
the obligat	tions of regist	ered agent.	·									
SIGNATURE -	Signature, typed	or printed name of registered	agent and title if	applicable.						DATE		-
	9. Capital Contributions as Shown on record.  \$2,500,000.00  10. Amount of Capital Contributions in FLORIDA to date.					outions	1324	72600	11. MAKE CHECK PA		O FL. DEPT. OF ST FEE INFORMATION	
)				S A BUSINESS EN		UST BE F	REGIST	ERED AND AC			ner.	
12,	GENERAL PARTNER INFORMATION								ADDRESS CHANG	ES ONLY		
DOCUMENT #		P97000082058				ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP	Longboat Key Equities, Inc. 1800 Ben Franklin Drive, Suite B806 Sarasota Fl 34236					-ST-ZIP			<del></del>			
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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:

SIAPLE UMEUN MENE

MINISTER SERVENDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/17

941-318-3434

Daytime Phone #