

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002364**

1. Entity Name  
**LUCKY 7 W LIMITED PARTNERSHIP**



03 APR 28 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**7076 N.E. ROAN STREET  
ARCADIA FL 34266**

Mailing Address  
**ATTN: K. WHEELER  
100 NORTH ASHLEY DRIVE #2300  
TAMPA FL 33602**



2. Principal Place of Business

**2055 S. FLORIDA AVE**

3. Mailing Address

**2055 S. FLORIDA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**LOT 242**

**LOT 242**

City & State

City & State

**BARTOW, FL**

**BARTOW, FL**

Zip

Country

Zip

Country

**33830**

**PO1A**

**33830**

**PO1A**

DUE BY MAY 1, 2003

4. FEI Number **65-0800286**

Applied For

Not Applicable

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

**MADEE, INC.  
7076 N.E. ROAN STREET  
ARCADIA FL 34266**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$128,332.00**

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 # **P97000026716**  
NAME **MADEE, INC.**  
STREET ADDRESS **7076 N.E. ROAN STREET**  
CITY-ST-ZIP **ARCADIA FL 34266**

STREET ADDRESS **2055 S. FLORIDA AVE, LOT 242**  
CITY-ST-ZIP **BARTOW, FL 33830**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BR**

STREET ADDRESS  
CITY-ST-ZIP  
**7000186722857**  
**05/09/03--01054--007 \*\*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:

**MARY S. WILSON** 4-11-03 863-519-6462  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)