

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002425**

1. Entity Name

**ASSMANN (USA) VENTURES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

MAY -1 PM 1:33

Principal Place of Business

C/O DON MORGAN  
1500 ROYAL PALM SQUARE BLVD., SUITE 101  
FORT MYERS FL 33919-1058

Mailing Address

C/O DON MORGAN  
1500 ROYAL PALM SQUARE BLVD., SUITE 101  
FORT MYERS FL 33919-1058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**12800 University Drive**  
Suite, Apt. #, etc.  
**Suite 240**

3. Mailing Address

**12800 University Drive**  
Suite, Apt. #, etc.  
**Suite 240**

City & State  
**Ft. Myers, FL**

City & State  
**Ft. Myers, FL**

4. FEI Number **65-0842617**

Applied For  
Not Applicable

Zip **33907** Country

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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TRUXTON, GREG S ESQ.**  
**C/O BOLANOS, TRUXTON & YOUNG, P.A.**  
**2121 PONCE DE LEON BLVD., SUITE 600**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**12800 University Drive, Suite 240**  
City **Ft. Myers** **FL** Zip Code **33907**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$416,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # **P97000093394**  
NAME **ASSMANN FLORIDA INTERNATIONAL, INC.**  
STREET ADDRESS **1500 ROYAL PALM SQUARE BLVD., SUITE 101**  
CITY - ST - ZIP **FORT MYERS FL 33919-1058**

STREET ADDRESS **12800 University Drive, Suite 240**  
CITY - ST - ZIP **Ft. Myers, FL 33907**

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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: *Benjamin A. K...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/2000  
Date

941/437-5421  
Daytime Phone #

C-00 (1/18)