

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

19/2

0002986
AB

DOCUMENT # **A97000002487**



1. Entity Name
SALLS FAMILY LIMITED PARTNERSHIP LLLP

FILED

03 JUL 30 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**125 MEADOWS DRIVE
TARPON SPRINGS FL 34689**

Mailing Address
**125 MEADOWS DRIVE
TARPON SPRINGS FL 34689**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**SALLS, WAYNE C
125 MEADOWS DRIVE
TARPON SPRINGS FL 34689**

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

9. Capital Contributions as Shown on record. **\$2,101,662.68**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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 **SALLS, WAYNE C**
STREET ADDRESS **125 MEADOWS DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

STREET ADDRESS
CITY-ST-ZIP
**500021947565
07/30/03--01065--003 **141.25**

DOCUMENT #
NAME **SALLS, DOROTHY E**
STREET ADDRESS **125 MEADOWS DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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: **X** *[Signature]* **AN ATTESTATION IS REQUIRED** *[Signature]* **727-937-3814**
DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (4/03)

292

July 24, 2003

Wayne C. Salls
125 Meadows Drive
Tarpon Springs Florida 34689

FILED
03 JUL 30 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314-6327

To Whom It May Concern:

Please find the enclosed check in the amount of \$141.25.
In addition, please waive the late fee as the form was received late.

Thank you,

Wayne C. Salls
Wayne C. Salls

Dorothy E. Salls
Dorothy E. Salls