

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

19/2

0002686
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.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number NOT APPLICABLE

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

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

DATE

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

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 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 REQUIRED

Date

Daytime Phone #

727-937-3814

CR2E003 (4/03)

292

July 24, 2003

Wayne C. Salls
125 Meadows Drive
Tarpon Springs Florida 34689

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

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

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,

x *Wayne C. Salls*
Wayne C. Salls

x *Dorothy E. Salls*
Dorothy E. Salls