

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A97000002522

1. Entity Name

THE JAMES D. OLSON FAMILY PARTNERSHIP, LTD.

FILED

02 MAY -1 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4822 OCEAN BOULEVARD

Suite, Apt. #, etc.

APT. 6B

City & State

SARASOTA, FLORIDA

Zip

34242

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

65-0797920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
JAMES D. OLSON

Street Address (P.O. Box Number is Not Acceptable)

4822 OCEAN BOULEVARD

APT. 6B

City  
SARASOTA

FL

Zip Code  
34242

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

9. Capital Contributions

as Shown on record. 396,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 396,000.00

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JAMES D. OLSON  
4822 OCEAN BOULEVARD, APT. 6B  
SARASOTA, FLORIDA 34242

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/26/02

STAPLE CHECK HERE

CRS0033 (12/01)