

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002578

1. Entity Name
MARY LOUISE RIPPLE, LTD.



Principal Place of Business
7205 RAPA HORN DRIVE
TAMPA FL 33637

Mailing Address
7205 RAPA HORN DRIVE
TAMPA FL 33637

FILED
03 JAN 24 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3479897

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

RIPPLE, MARY LOUISE
12301 HOLLOW STUMP ROAD
TAMPA FL 33637

Name Shelly A. Chambers

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

7205 Rapa Horn Dr

City Tampa

FL

Zip Code 33637

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]*

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

1-23-03

DATE

9. Capital Contributions
as Shown on record. \$5,000,000.00

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 #
NAME RIPPLE, MARY LOUISE
STREET ADDRESS 12301 HOLLOW STUMP ROAD
CITY-ST-ZIP TAMPA FL 33637

STREET ADDRESS

CITY-ST-ZIP

000011137110
01/28/03-01069-000 **526.25

DOCUMENT #
NAME CHAMBERS, SHELLY ANN
STREET ADDRESS 7205 RAPA HORN DRIVE
CITY-ST-ZIP TAMPA FL 33637

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] Shelly A Chambers 1-23-03 813-972-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0013732 AT