

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002661**

1. Entity Name  
**PORT CHARLOTTE ONE STOP PARTNERSHIP, LTD.**



FILED

2003 FEB 11 PM 12:02

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**21 E. GARDEN ST.  
PENSACOLA FL 32501**

Mailing Address  
**C/O HAL REIFF  
30 BROAD STREET, 31ST FLOOR  
NEW YORK NY 10004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **59-3485821**

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

**BREGMAN, HOWARD  
C/O GREENBERG/TRAURIG, P.A.  
777 SOUTH FLAGLER DRIVE, SUITE 300 EAST  
WEST PALM BEACH FL 33401**

Name  
**L WASHINGTON C/O HOLLAND & KNIGHT**  
Street Address (P.O. Box Number is Not Acceptable)  
**701 Brickell Avenue**  
**Suite 3000**  
City **Miami** FL Zip Code **33131**

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.

**02/03/03**  
DATE

9. Capital Contributions as Shown on record. **\$681,427.00**

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 # **F00000000420**  
NAME **19500 TOLEDO BLADE BOUVELARD GP INC**  
STREET ADDRESS **30 BROAD STREET, 31ST FL**  
CITY-ST-ZIP **NEW YORK NY**

STREET ADDRESS

CITY-ST-ZIP

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**600012312106**  
**02/11/03-01046-007-526.25**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/21/03** **712 612 9100**  
Date Daytime Phone #

CR2E003 (10/02)