

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008472
AT

DOCUMENT # **A97000002690**

1. Entity Name
RHF CARDER ROAD PARTNERS, LTD.



FILED

03 MAY 12 PM 1:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**5655 CARDER ROAD
ORLANDO FL 32810-4741**

Mailing Address
**5655 CARDER ROAD
ORLANDO FL 32810-4741**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3483166**

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

**LEFKOWITZ, IVAN M.
LEFKOWITZ & BLOOM, P.A.
430 N. MILLS AVE.
ORLANDO FL 32803**

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. **\$175,000.00**

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 # **P97000099246**
NAME **HUFFINE ENTERPRISES, INC.**
STREET ADDRESS **5655 CARDER ROAD**
CITY-ST-ZIP **ORLANDO FL 32810-4741**

STREET ADDRESS

CITY-ST-ZIP

900016065909
05/12/03-01036-001 **\$8.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900016065909
04/15/03-01032-019 **\$37.50

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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:

Robert Huffine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert Huffine

11/18/03 407-295-0086

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE