

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **A97000002850**

1. Entity Name  
**MARODO LIMITED PARTNERSHIP**



03 JAN 22 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**10155 COLLINS AVE., APT. 1206  
BAY HARBOR FL 33154**

Mailing Address  
**10155 COLLINS AVE., APT. 1206  
BAY HARBOR FL 33154**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0803157**

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

**MARODO CORP.  
10155 COLLINS AVE., APT. 1206  
BAY HARBOR FL 33154**

Name

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

City

**000010405520**  
**01/22/03--01008--002 FL\*\*520.25**

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. **\$3,663,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$3,663,000**

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 # **P97000104000**  
NAME **MARODO CORP.**  
STREET ADDRESS **10155 COLLINS AVE., APT. 1206**  
CITY-ST-ZIP **BAY HARBOR FL 33154**

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

**PRES. MARODO CORP 305-**  
**FLORENCE MURSON 1/17/03 (305) 866-6502**  
Date Daytime Phone #

CR2E003 (10/02)

0010288 AT