

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000045**

1. Entity Name

FEDDER LIMITED PARTNERSHIP

FILED

02 APR -1 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 25068
SARASOTA FL 34277

Mailing Address

PO BOX 25068
SARASOTA FL 34277



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0882745

Applied For

Not Applicable

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

FEDDER, DARRIN J

1100 SOUTH TAMiami TRAIL, #202

SARASOTA FL 34236

Name

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

2801 Fruitville Rd

STE 135

City

SARASOTA

FL

Zip Code

34237

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.

3/29/02

DATE

9. Capital Contributions
as Shown on record.

\$5,400,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000108290
NAME FEDDER, INC.
STREET ADDRESS 1100 SOUTH TAMiami TRAIL, #202
CITY-ST-ZIP SARASOTA FL 34236

STREET ADDRESS 2801 Fruitville Rd STE 135
CITY-ST-ZIP SARASOTA, FL 34237

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0015698 AT

CR2E003 (9/01)

STAPLE CHECK HERE