LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000577

1. Entity Name
Ramseur Family Limited Partnership, LLLP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
803 Ben Lomond Drive	803 Ben Lomond Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Temple Terrace, FL	City & State: Temple Terrace, FL
Zip: 33617 Country:	Zip: 33617 Country:

DUE BY MAY 1

4. FEI Number: 59-3505896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ramseur, Henry M

Street Address (P.O. Box Number is Not Acceptable): 803 Ben Lomond Drive

City: Temple Terrace FL Zip Code: 33617

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$700,000.00	$700,000.00	

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

DOCUMENT #		STREET ADDRESS	
NAME	Henry M Ramseur and Jeanne L Ramseur	CITY-ST-ZIP	
STREET ADDRESS	Tenants by the Entireties		500005578085--7
CITY-ST-ZIP	803 Ben Lomond Drive		-05/22/02--01006--005
DOCUMENT #	Temple Terrace, FL 33617	STREET ADDRESS	****526.25 ****526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	DO NOT WRITE
NAME			
STREET ADDRESS		STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003B (12/01)

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: Henry M. Ramseur Pres. 4/29/02 8139881346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #