

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011458 AT

DOCUMENT # **A98000000611**

1. Entity Name  
**FG DEERFIELD PARTNERS, LTD.**



FILED

03 JUN 23 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**350 N.W. 12TH AVENUE  
DEERFIELD BEACH FL 33442**

Mailing Address  
**C/O COMREAL  
1840 N. COMMERCE PKWY #3  
WESTON FL 33326**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**C/O DINO MENDICINO  
5709 COUNTRYLAND PLACE**

City & State  
**ALEXANDRIA, LA**

Zip  
**71301**

Country  
**USA**

**DUE BY MAY 1, 2003**

4. FEI Number **65-0827980**

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

**DANIEL MENDICINO  
C/O COMREAL  
1840 N. COMMERCE PKWY #3  
WESTON FL 33326**

Name  
**C/O CAREY KRAMER COMPANY**

Street Address (P.O. Box Number is Not Acceptable)  
~~1840 N. COMMERCE PKWY #3~~  
**1840 N. Commerce Pkwy #3**

City ~~WESTON~~ **WESTON** FL Zip Code **33326**

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 *Daniel Mendicino* **DANIEL MENDICINO** 6/17/03  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$680,000.00**

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 # **P94000053010**  
NAME **FG INVESTMENT GROUP, INC.**  
STREET ADDRESS **C/O COMREAL, 1840 N COMMERCE PKWY #3**  
CITY-ST-ZIP **WESTON FL 33326**

STREET ADDRESS  
CITY-ST-ZIP **04/30/03--01077--001 \*\*141.25**  
**700017585837**

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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: *Daniel Mendicino* **DANIEL MENDICINO** 6/17/03 561-239-0126  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)