

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016180 AT

DOCUMENT # A98000001035



FILED

2003 APR 22 PM 2:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1. Entity Name
HALVORSEN/EZON PARTNERSHIP, LTD.

Principal Place of Business
1100 FIFTH AVENUE SOUTH
SUITE 401
NAPLES FL 34102

Mailing Address
1100 FIFTH AVENUE SOUTH
SUITE 401
NAPLES FL 34102

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 59-3507525

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EZON FLORIDA, INC.
1100 FIFTH AVENUE SOUTH, #401
NAPLES FL 34102

Name
EZFLA, LLC

Street Address (P.O. Box Number is Not Acceptable)
1100 FIFTH AVE SOUTH

STE 401

City
NAPLES

FL

Zip Code
34102

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 *Jack Tackel*

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

DATE

9. Capital Contributions
as Shown on record. \$1,000.00

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 # P93000063015
NAME HALVORSEN DEVELOPMENT CORPORATION
STREET ADDRESS 1100 FIFTH AVENUE SOUTH, #401
CITY-ST-ZIP NAPLES FL 34102

STREET ADDRESS 33 SE 4th Street, Ste 100
CITY-ST-ZIP BOCA RATON, FL 33432

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jack Tackel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/03 561-367-9200
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE