

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001673

1. Entity Name  
SOFRAN LEESBURG, LTD.



APPROVED  
AND  
FILED  
03 APR -2 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
808 THIRD STREET, SUITE C  
NEPTUNE BEACH FL 32266

Mailing Address  
245 PEACHTREE CENTER AVE., N.E.  
SUITE 2800  
ATLANTA GA 30303-1227



2. Principal Place of Business  
818 A-1-A North

3. Mailing Address

Suite, Apt. #, etc.  
Suite 203

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
Ponte Vedra Beach, FL 32082

City & State

4. FEI Number 58-2406183

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

ROBERT ROULEAU  
808 THIRD STREET, SUITE C  
NEPTUNE BEACH FL 32266

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

818 A-1-A North, Suite 203

City Zip Code  
Ponte Vedra Beach FL 32082

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

DATE

3-24-03

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 # P00441  
NAME THE SOFRAN CORPORATION  
STREET ADDRESS 245 PEACHTREE CENTER AVE., N.E., #2800  
CITY-ST-ZIP ATLANTA GA 30303

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
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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

The Sofran Corporation

SIGNATURE: By *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Robert Rouleau, President

Date

Daytime Phone #

3-24-03

504  
280-0008

CR2E003 (10/02)

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