2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001746

1. Entity Name

FLORIDA ART PARTNERSHIP, LTD.

FILED
02 APR 18 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3200 TAMIAMI TRAIL N. SUITE 200 NAPLES FL 34103	3200 TAMIAMI TRAIL N. SUITE 200 NAPLES FL 34103

2. Principal Place of Business	3. Mailing Address
800 LAUREL OAK DR	800 LAUREL OAK DR
Suite, Apt. #, etc.: SUITE 303	Suite, Apt. #, etc.: SUITE 303
City & State: NAPLES, FL	City & State: NAPLES FL
Zip: 34108 Country: COLLIER	Zip: 34108 Country: COLLIER

DUE BY MAY 1, 2002

4. FEI Number 65-0899392 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOMBARDO, J. CHRISTOPHER
3200 TAMIAMI TRAIL NORTH SUITE 200
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: JOHN A. GARNER
Street Address (P.O. Box Number is Not Acceptable): 800 LAUREL OAK DR, SUITE 303
City: NAPLES FL Zip Code: 34108

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: John A. Garner 3/29/2002
Signature, typed or printed name of registered agent and title if applicable. DATE

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
$11,760.00	11760.00	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000070165	STREET ADDRESS	800 LAUREL OAK DR, SUITE 303
NAME	HISTORICAL ART MANAGEMENT, INC.	CITY-ST-ZIP	NAPLES, FL 34108
STREET ADDRESS	3200 TAMIAMI TRAIL NORTH, #200		
CITY-ST-ZIP	NAPLES FL 34103		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	200005361632--0 -04/29/02--01011--008
CITY-ST-ZIP		STREET ADDRESS	****150.00 ****150.00
DOCUMENT #		CITY-ST-ZIP	
NAME			
STREET ADDRESS		STREET ADDRESS	200005361632--0 -04/29/02--01011--009
CITY-ST-ZIP		CITY-ST-ZIP	*****21.07 *****21.07
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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: Christy Plant CHRISTY PLANT, PRESIDENT OF G.P. 2/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date

A SIGNATURE IS REQUIRED

Daytime Phone #

CR2E003 (9/01)