

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001842

1. Entity Name  
RICHLAND TRACY, LTD.



FILED  
03 APR 30 AM 5:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
4890 W. KENNEDY BLVD., STE. 850  
TAMPA FL 33609-1863

Mailing Address  
4890 W. KENNEDY BLVD., STE. 850  
TAMPA FL 33609-1863

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. SUITE 920

Suite, Apt. #, etc. SUITE 920

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3529074

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

F&L CORP.  
THE GREENLEAF BUILDING  
200 LAURA STREET  
JACKSONVILLE FL 32202-3510

Name

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

City

FL

Zip Code

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

DATE

9. Capital Contributions as Shown on record. \$989,183.00

10. Amount of Capital Contributions in FLORIDA to date. 827,828

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 # P94000059603  
NAME RICHLAND VENTURES, INC.  
STREET ADDRESS 4890 W. KENNEDY BLVD., STE. 850  
CITY-ST-ZIP TAMPA FL 33609-1863

STREET ADDRESS

SUITE 920

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

000017544150  
04/30/03--01022--023 \*\*535.00

CITY-ST-ZIP

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

42403 (813)286-4140

CR2E003 (10/02)

0013381 AT