

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008079 AT

DOCUMENT # A98000001910

1. Entity Name
CERRATO FAMILY PARTNERSHIP, LTD.



FILED

03 APR 15 AM 11:09

Principal Place of Business
3561 PALMER DRIVE
TITUSVILLE FL 32780

Mailing Address
3561 PALMER DRIVE
TITUSVILLE FL 32780

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3750 Rancy Rd

Suite, Apt. #, etc.

City & State
Titusville FL

Zip
32780

Country
USA

3. Mailing Address

3750 Rancy Rd

Suite, Apt. #, etc.

City & State
Titusville FL

Zip
32780

Country
USA

DUE BY MAY 1, 2003

4. FEI Number 59-3525859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERRATO, WALTER A
3561 PALMER DRIVE
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

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.

\$165,000.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
CERRATO, WALTER A
3561 PALMER DRIVE
TITUSVILLE FL 32780

13. ADDRESS CHANGES ONLY

STREET ADDRESS

3750 Rancy Rd

CITY-ST-ZIP

Titusville FL 32780

DOCUMENT #
NAME
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-10-03 321 2621 025

CR2E003 (10/02)