2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

## A98000002076 **DOCUMENT #**

1. Entity Name
THE POTEAT GROVE FAMILY LIMITED PARTNERSHIP



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rincipal Place of Business Mailing Address 65 4TH STREET 6465 4TH STREET						]	TÄ	TYTHKSSE	E L COMM.				
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Principal Place of Business 3. Mailing Address								<u> </u>	HII <b>Co</b> n <b>Co</b> n <b>Co</b> n	1501  GOTAL 101			
							$-1/\lambda$	XX					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			· · ·		<del></del>	DUE BY	MAY 1, 2003			
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City & State			City & State				4.	FEI Number	65-0885298			hied For	
												Applicable	
Zip		Country	Zip		Count	ry • •-	5_	Certificate of	of Status Desired		<b>8.75</b> Addit e Required		
	- ''	Taldana of Company	Bouleton	d Agent	<u> </u>		7.	Name and	Address of New				
	6. Name ar	nd Address of Current	Hadistere	d Agent		Name							
O'HAIRE, MICHAEL												· <del>-</del> ·	
3111 CARDINAL DRIVE						Street Address (P.O. Box Number is Not Acceptable)							
					ŀ								
VERO BEACH FL 32963													
						City				FL	Zip Code	•	
		ubmits this statement fo	4	of abanaina ita	registors	d office or rec	nietered s	agent or both	in the State of F	lorida. I am far	niliar with, a	nd accept	
	named entity so ions of registers		or the purpo	ose of changing its	registere	a onice or reg	giatered a	igent, or bott	i, in the state of			·	
ine obligati	ions of registers	od agom.											
SIGNATURE -	Simple boundary	printed name of registered agent	and title if ann	licable.	<del></del>					DATE		,	
Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions \$1,245,617.00 In FLORIDA to date. \$						outions			11. MAKE CHE	CK PAYABLE TO	O FL. DEPT.	OF STATE	
as Shown	on record.	\$1,245,617.00								RSE SIDE FOR	FEE INFORM	MATION	
	A GI	NERAL PARTNER	THAT IS	A BUSINESS EN	N YTITY	UST BE RE	CISTEF	RED AND A	CTIVE WITH TH	HIS OFFICE.			
NOTE: General Partners MAY NOT be changed on the						; an amend	ment m	ust be file	ADDRESS CI	HANGES ONLY		·	
12.	<u> </u>	GENERAL PARTNE	R INFORM	ATION	13.				ADDRESS CI	HANGES ONLI		<del></del>	
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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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E003 (10/02)