

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002394**

1. Entity Name  
**CUSSON INVESTMENTS, LTD.**



**FILED**  
**03 APR 24 AM 10:58**  
**SEAL OF THE STATE OF FLORIDA**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**3355 12TH PLACE**  
**VERO BEACH FL 32960**

Mailing Address  
**3355 12TH PLACE**  
**VERO BEACH FL 32960**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3539413**

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

**CUSSON, MARION J**  
**3355 12TH PLACE**  
**VERO BEACH FL 32960**

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.

**\$490,000.00**

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 # **P98000087339**  
NAME **CUSSON PROPERTY MANAGEMENT, INC.**  
STREET ADDRESS **3355 12TH PLACE**  
CITY-ST-ZIP **VERO BEACH FL 32960**

STREET ADDRESS

CITY-ST-ZIP

**900015436039**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**04/07/03--01067--014 \*\*437.50**

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CITY-ST-ZIP

**900015436039**

**04/24/03--01005--020 \*\*88.75**

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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:

*Marion J. Cusson*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**3/31/03 (772) 567-1476**  
Date Daytime Phone #

CR2E003 (10/02)

000842 AT