

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002483

1. Entity Name  
CITADEL POINTE LIMITED PARTNERSHIP



FILED

03 MAY -6 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

Principal Place of Business  
1515 NORTH FEDERAL HIGHWAY, SUITE 306  
BOCA RATON FL 33432

Mailing Address  
1515 NORTH FEDERAL HIGHWAY, SUITE 306  
BOCA RATON FL 33432



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0879077

Applied For

Not Applicable

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

KAMRADT, RUSSELL T ESQ.  
C/O AKERMAN, SENTERFITT & EIDSON, P.A.  
777 SOUTH FLAGLER DRIVE, STE. 1900  
WEST PALM BEACH FL 33401

Name Russell T. Kamradt, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
11641 Kew Gardens Ave  
Suite 207  
City Palm Beach Gardens FL Zip Code 33410

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 *Russell T. Kamradt* President 4/25/2003  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$1,000.00

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 # P980000092019  
NAME CITADEL POINTE, INC.  
STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY, SUITE 306  
CITY-ST-ZIP BOCA RATON FL 33432

STREET ADDRESS  
CITY-ST-ZIP 800018292922  
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE