

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002748**

1. Entity Name  
**HUXTED LIMITED PARTNERSHIP**



Principal Place of Business  
**3208 17TH STREET EAST  
PALMETTO FL 34221**

Mailing Address  
**3208 17TH STREET EAST  
PALMETTO FL 34221**

**FILED**

**03 APR 30 PM 12:48**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**MJM**



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 **65-0887110**

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

**BLALOCK, LANDERS, WALTERS & VOGLER  
802 - 11TH STREET WEST  
BRADENTON FL 34205**

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.

**\$2,970,000.00**

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 # **L98000003170**  
NAME **HUXTED, LLC.**  
STREET ADDRESS **3208 17TH STREET EAST**  
CITY-ST-ZIP **PALMETTO FL 34221**

STREET ADDRESS

CITY-ST-ZIP

**600015331286**

**04/07/03--01007--018 \*\*437.50**

DOCUMENT #  
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**600015331286**

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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]* SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/27/03**

Date

**941-722-6613**

Daytime Phone #

CR2E003 (10/02)

0015621 AT