


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012606 AT

**DOCUMENT # A98000002755**

1. Entity Name  
**GERSON FAMILY LIMITED PARTNERSHIP**



**FILED**  
03 APR 30 AM 5:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**BJH**

Principal Place of Business  
**367 GLENBROOK DRIVE  
ATLANTIS FL 33462**

Mailing Address  
**367 GLENBROOK DRIVE  
ATLANTIS FL 33462**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

**430**

**DUE BY MAY 1, 2003**

4. FEI Number **65-0880907**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GERSON, THEODORE F  
367 GLENBROOK DRIVE  
ATLANTIS FL 33462**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$18,000,000.00**

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 #	L98000003180	STREET ADDRESS	
NAME	GERSON GENERAL PARTNER, L.C.	CITY-ST-ZIP	
STREET ADDRESS	367 GLENBROOK DRIVE		
CITY-ST-ZIP	ATLANTIS FL 33462		
DOCUMENT #		STREET ADDRESS	<b>900017348309</b>
NAME		CITY-ST-ZIP	<b>04/30/03--01012--003 **526.25</b>
STREET ADDRESS			
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:** *Theodore F Gerson* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**4-18-03 (56) 439-6393**  
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE