

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00121

DOCUMENT # A99000000427

1. Entity Name  
EDA FAMILY LIMITED PARTNERSHIP



**FILED**  
**May 23, 2003 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
1355 W. PALMETTO PARK ROAD, SUITE 265  
BOCA RATON FL 33486

Mailing Address  
1355 W. PALMETTO PARK ROAD, SUITE 265  
BOCA RATON FL 33486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number 65-0876173

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

ARIOLI, EDWARD D

1355 W. PALMETTO PARK ROAD, SUITE 265

BOCA RATON FL 33486

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.

**\$2,000,000.00**

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 # P98000094212  
NAME ARIOLI MANAGEMENT COMPANY  
STREET ADDRESS 1355 W. PALMETTO PARK ROAD, SUITE 265  
CITY-ST-ZIP BOCA RATON FL 33486

STREET ADDRESS

CITY-ST-ZIP

600020418656

06/03/03--01041-002 \*\*\*975.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAMPLE CHECK HERE