**2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)** 

## DOCUMENT # A99000000477 FILED 1. Entity Name SCUPPER ENTERPRISES LIMITED PARTNERSHIP 03 MAY 20 PM 1:30 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2730 S. OCEAN BLVD. 2730 S. OCEAN BLVD. PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State\_\_\_ City & State Applied For 65-0909728 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SISKIND, JEFFERY M 2730 S. OCEAN BLVD. Street Address (P.O. Box Number is Not Acceptable) PALM BEACH, FL 33480 City 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 Synature, typed or printed name of registered agent and title if applicable II. MAKE CHECK PAYABLE TO FL-DEPT OF STATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$1,000.00 In FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. CR2E003 (10/02) DOCUMENT # P99000021903 STREET ADDRESS LORMAN ASSOCIATES, INC. NAME 409 24TH ST. STREET ADDRESS CITY - ST - 7/P CITY-ST-ZIP WEST PALM BEACH, FL 33407 DOCUMENT # STREET ADDRESS NAME <del>200019329692</del> STREET ADDRESS 05/20/03--01008--013 \*\*141.25 CITY-ST-2IP CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP COY-S1-7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-2IP 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

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