

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015289 AT

DOCUMENT # A99000000499

1. Entity Name  
STOCKHOLMES, LIMITED



FILED

03 MAY -2 PM 6:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
5811 PELICAN BAY BLVD.  
SUITE 600  
NAPLES FL 34108

Mailing Address  
5811 PELICAN BAY BLVD.  
SUITE 600  
NAPLES FL 34108



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 59-3566543

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

FOWLER WHITE MYERS KRAUSE  
5811 PELICAN BAY BLVD., SUITE 600  
NAPLES FL 34108

Name  
FOWLER WHITE BOGGS BANKER P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
5811 PELICAN BAY BOULEVARD  
SUITE 600  
City  
NAPLES FL Zip Code  
34108

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.

FOWLER WHITE BOGGS BANKER P.A.

SIGNATURE *Jean L. Secor*  
Signature, typed or printed name of registered agent and title if applicable.

*Jeanne L. Secor, Esq.* 4/29/03  
DATE

9. Capital Contributions as Shown on record. \$10,000,000.00

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 # P99000028109  
NAME STOCKHOLMES, INC.  
STREET ADDRESS 5811 PELICAN BAY BLVD., SUITE 600  
CITY-ST-ZIP NAPLES FL 34108

STREET ADDRESS  
CITY-ST-ZIP 800017917738  
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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 REQUIRED *TA Holmes*

4/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE