

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001520 AT

DOCUMENT # **A99000000627**

1. Entity Name
SORENSEN PARTNERSHIP, LTD.



FILED

03 JAN 28 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2800 WEST STONEBROOK CIRCLE
DAVIE FL 33330**

Mailing Address
**2800 WEST STONEBROOK CIRCLE
DAVIE FL 33330**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0913127**

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

**SORENSEN, DAVID
2800 WEST STONEBROOK CIRCLE
DAVIE FL 33330**

Name **Sorensen, David**

Street Address (P.O. Box Number is Not Acceptable)
2800 West Stonebrook Circle

City **Davie**

FL

Zip Code
33330

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.

1/22/03
DATE

9. Capital Contributions
as Shown on record. **\$1,247,737.70**

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 # **P99000034730**
NAME **SORENSEN MANAGEMENT, INC.**
STREET ADDRESS **2800 WEST STONEBROOK CIRCLE**
CITY-ST-ZIP **DAVIE FL 33330**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

M THOMAS

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:

David R. Sorensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/22/03
Date

254-701-2709
Daytime Phone #

CR2E003 (10/02)