

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000631**

1. Entity Name

**GOV FACTORS, LIMITED PARTNERSHIP**

Principal Place of Business

**350 SOUTH COUNTY ROAD, SUITE NO. 201  
PALM BEACH FL 33480**

Mailing Address

**350 SOUTH COUNTY ROAD, SUITE NO. 201  
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LENEVE, W. LAWRENCE**

**350 SOUTH COUNTY ROAD, SUITE NO. 201**

**PALM BEACH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**FILED**

**01 MAY 1 AM 11:46**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0913294**  
**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000068680**  
NAME **PARTNERSHIP MANAGEMENT SERVICES, INC.**  
STREET ADDRESS **350 SOUTH COUNTY ROAD, SUITE NO. 201**  
CITY-ST-ZIP **PALM BEACH FL 33480**

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:

**SIGNATURE REQUIRED:**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**W. Lawrence LeNeve,**

**Pres. of GP 4/30/01 561-833-7449**

Date

Daytime Phone #

CR2E003 (11/00)