

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010266 AT

DOCUMENT # **A99000000797**

1. Entity Name  
**LANDERS AND ASSOCIATES PARTNERSHIP, LTD.**



FILED

2003 APR -1 AM 10:18

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
P.O. BOX 522162  
MIAMI FL 33152

Mailing Address  
P.O. BOX 522162  
MIAMI FL 33152

2. Principal Place of Business  
**7195 NW 30 ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**7195 N.W. 30 ST**  
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
**MIAMI FL**  
Zip  
**33122**

City & State  
**MIAMI FL**  
Zip  
**33122**

4. FEI Number **65-0922240**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KTG&S REGISTERED AGENT CORPORATION**  
**100 S.E. 2ND STREET, 28TH FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**7195 NW 30 ST**  
City **MIAMI** FL Zip Code **33122**

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. **\$3,000,000.00**

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

DOCUMENT # **P99000030435**  
NAME **LANDERS GENERAL PARTNER, INC.**  
STREET ADDRESS **P.O. BOX 522162**  
CITY-ST-ZIP **MIAMI FL 33152**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **7195 N.W. 30 ST.**  
CITY-ST-ZIP **MIAMI, FL 33122**

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

**3/26/03** **305-983-2976**  
Date Daytime Phone #

CR2E003 (10/02)