


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015865 AT

DOCUMENT # A99000000861				FILED 03 APR 18 PM 1:57 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Entity Name PENGE FAMILY LIMITED PARTNERSHIP		Principal Place of Business C/O C & G GRO CORP. 2727 SOUTH TAMiami TRAIL SARASOTA FL 34239		Mailing Address C/O C & G GRO CORP. 2727 SOUTH TAMiami TRAIL SARASOTA FL 34239	
2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0922922	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent	
MARSHALL, ELIZABETH C ESQ. C/O WILLIAMS, PARKER, ET AL 200 SOUTH ORANGE AVE. SARASOTA FL 34236		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,800,000.00		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 #	P99000048511		STREET ADDRESS		
NAME	C & G GRO CORP.		CITY-ST-ZIP		
STREET ADDRESS	2727 SOUTH TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X <i>Clino Penge</i> REQUIRED			Date 4/10/03 Daytime Phone # 941 955 3008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

CR2E003 (10/02)

STAPLE CHECK HERE