

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001069

1. Entity Name  
TWO RIVERS PARTNERS, L.L.P.



FILED  
03 APR 28 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5252 SOUTH TAMiami TRAIL  
SARASOTA FL 34231

Mailing Address  
5252 SOUTH TAMiami TRAIL  
SARASOTA FL 34231



2. Principal Place of Business  
8880 Tennene Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
8880 Tennene Ct.  
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
Bonita Springs FL  
Zip 34135 Country USA

City & State  
Bonita Springs FL  
Zip 34135 Country USA

4. FEI Number 65-0932659

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KALIN, EDWARD L  
5252 SOUTH TAMiami TRAIL  
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name Laurie Miller  
Street Address (P.O. Box Number is Not Acceptable)  
8880 Tennene Ct.  
City Bonita Springs FL Zip Code 34135

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 4/15/03

9. Capital Contributions  
as Shown on record. \$168,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 52.50

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 # P02000005523  
NAME TWO RIVERS DEVELOPMENT CORPORATION  
STREET ADDRESS 5252 TAMiami TRAIL, SOUTH  
CITY-ST-ZIP SARASOTA FL 34231

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

4/15/03

Date

239-949-6855

Daytime Phone #

CR2E003 (10/02)

0015774 AT

STAPLE CHECK HERE