

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001104**

1. Entity Name  
**SOFRAN INVERNESS (WAL), LTD.**



Principal Place of Business  
**808 THIRD ST., SUITE C  
NEPTUNE BEACH FL 32266**

Mailing Address  
**245 PEACHTREE CENTER AVE. NE SUITE 2800  
ATLANTA GA 30303-1227**

APPROVED  
AND  
FILED

'03 APR -2 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
**818 A-1-A North**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 203**

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

**Ponte Vedra Beach, FL 32082**

City & State

4. FEI Number **58-2486129**

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

**ROBERT ROULEAU  
808 THIRD ST., SUITE C  
NEPTUNE BEACH FL 32266**

Name  
**Robert Rouleau**

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

**818 A-1-A North, Suite 203**

City  
**Ponte Vedra Beach**

**FL**

Zip Code  
**32082**

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

DATE

9. Capital Contributions  
as Shown on record.

**\$99.00**

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 # **P00441**  
NAME **THE SOFRAN CORPORATION**  
STREET ADDRESS **808 THIRD ST., SUITE C**  
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

**800015048208**

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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

**The Sofran Corporation**

SIGNATURE: By: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Robert Rouleau, President**

Date

Daytime Phone #

CR2E003 (10/02)