2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9900001329 DOCUMENT

1. Entity Name
THE REICH FAMILY LIMITED PARTNERSHIP



FILED 2003 JAN 14 AH 10: 30

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1416 TUSCA TRAIL 1416 T			Mailing Address 1416 TUSCA TRAIL WINTER SPRINGS FL 3			Div	IJON OF C	ORPORATIONS EE, FLORIDA	
	· 1								
2. Principal Place of Business 3. Mailing Address									
Suite, Apt	t. #, etc.	- - \ \	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & Sta	ite		City & State			4. FEI Number 59-35	92726	Applied For	
Zip Country			Zip	Country		5. Certificate of Status D	Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
DEICH CTERNEN C					Name				
REICH, STEPHEN G 1416 TUSCA TRAIL					Street Address (P.O. Box Number is Not Acceptable)				
WINTER S	springs fl	32708							
					City FL Zip Code			· L `	
8. The above	named entity tions of registe	submits this statement for	or the purpose of changing	its register	ed office or registe	ered agent, or both, in the Sta	ate of Florida. I a	m familiar with, and accept	
	nons or registe	seu agent.						•-	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable.				DATE	· · · · · · · · · · · · · · · · · · ·	
9. Capital Contributions as Shown on record. \$4,200.00 10. Amount of Capital in FLORIDA to date					Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE				
	A C NOTE:	ENERAL PARTNER General Partners M	THAT IS A BUSINESS E	NTITY M	UST BE REGIS	TERED AND ACTIVE W	ITH THIS OFFI	CE	
12.	·	GENERAL PARTNE		13.	, an amendine		ESS CHANGES (
DOCUMENT #				CTDE	ET ADDDESS				
NAME	REICH, STEPHEN G				ET ADDRESS	000010095470			
STREET ADDRESS CITY-ST-ZIP	1416 TUSCA TRAIL WINTER SPRINGS FL 32708				-ST-2iP				
DOCUMENT # NAME	REICH, SH	YI A G		STRE	ET ADDRESS				
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TREET ADDRESS Try-St-Zip		_		CITY-	ST-ZIP		***, .,,		
4. I hereby c	ertify that the	information supplied with	this filing does not qualify for	or the exen	ption stated in Se	ection 119.07(3)(i), Florida Sta	atutes. I further co	ertify that the information	

re shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or uired by Chapter 620, Florida Statutes the receiver or trustee empowered to exe

SIGNATURE: