

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006436 AT

DOCUMENT # A99000001498

1. Entity Name
SEGOVIA VENTURES, LTD



FILED

03 APR 30 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3733 W. UNIVERSITY BLVD STE 115-A JACKSONVILLE FL 32217	Mailing Address 3733 W. UNIVERSITY BLVD STE 115-A JACKSONVILLE FL 32217
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3598897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ANSBACHER, JORDAN
3733 W. UNIVERSITY BLVD
STE 115-A
JACKSONVILLE FL 32217**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	HELMING, DONNA
NAME	3733 W. UNIVERSITY BLVD., STE 115A
STREET ADDRESS	JACKSONVILLE FL 32217
CITY-ST-ZIP	
DOCUMENT #	COHEN, MICHELE
NAME	3733 W. UNIVERSITY BLVD., STE 115A
STREET ADDRESS	JACKSONVILLE FL 32217
CITY-ST-ZIP	
DOCUMENT #	ANSBACHER, BRIAN
NAME	3733 W. UNIVERSITY BLVD., STE 115A
STREET ADDRESS	JACKSONVILLE FL 32217
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	04/30/03 01067-012 **141.25
STREET ADDRESS	900017579639
CITY-ST-ZIP	04/30/03--01067--012 **141.25
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: *Donna Helming* **REQUIRED** **4-22-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

SIGNATURE CHECK HERE