

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 |
|---|---|

| | | | | | |
|--------------------------------|---------------------|---------------------------------|-------------------------------|---|--|
| 2. Principal Place of Business | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | DUE BY MAY 1, 2003 | |
| City & State | City & State | 4. FEI Number 59-3598897 | Applied For Not Applicable | | |
| Zip | Country | Zip | Country | 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 _____ State **FL** 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 |
|--|---|--|

**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 | 04/30/03 01067-012 **141.25 |
| CITY-ST-ZIP | 900017579639 |
| STREET ADDRESS | 04/30/03--01067--012 **141.25 |
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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

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