

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001509

1. Entity Name
SOUTHVEST LIMITED PARTNERSHIP

FILED

03 APR 29 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
C/O ARSENAULT & REARDON, P.A.
10225 ULMERTON ROAD, SUITE 2
LARGO FL 33771Mailing Address
455 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770

2. Principal Place of Business

10225 ULMERTON RD.

3. Mailing Address

10225 ULMERTON Rd.

Suite, Apt. #, etc.

Suite 3D

Suite, Apt. #, etc.

Suite 3D

City & State

Largo, FL

City & State

Largo, FL

Zip

33771

Country

USA

Zip

33771

Country

USA

DUE BY MAY 1, 2003

4. FEI Number 59-7164574

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARSENAULT & REARDON, P.A.
10225 ULMERTON ROAD, SUITE 2
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

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

City

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

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

DATE

9. Capital Contributions
as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # P99000080497
NAME SOUTHVEST MANAGEMENT, INC.
STREET ADDRESS 455 N. INDIAN ROCKS ROAD
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

13. ADDRESS CHANGES ONLY

STREET ADDRESS 10225 ULMERTON Rd., #3D
CITY-ST-ZIP Largo, FL 33771DOCUMENT #
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/1/03

Daytime Phone #