

# **LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -3 AM 10: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *A99000001556*

1. Entity Name

*HomeSource Partners, Ltd.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*140 N Mills Ave*

Suite, Apt. #, etc.

*Suite 150*

City & State

*Winter Park FL*

Zip

*32789*

Country

*US*

3. Mailing Address

*140 N Mills Ave*

Suite, Apt. #, etc.

*Suite 150*

City & State

*Winter Park, FL*

Zip

*32789*

Country

*US*

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number

*59-3593892*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*HomeSource Financial Corp.*

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

*140 N Mills Ave*

*Suite 150*

City

*Winter Park*

**FL**

Zip Code

*32789*

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.

SIGNATURE

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

DATE

9. Capital Contributions

as Shown on record.

*2,000*

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # *P99000067801*  
NAME *HomeSource Financial Corp.*  
STREET ADDRESS *140 N Mills Ave Ste 150*  
CITY-ST-ZIP *Winter Park, FL 32789*

STREET ADDRESS

CITY-ST-ZIP

*600005610026--0*  
*-05/24/02--01037--027*

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/30/2002*

Date

*4075390645*

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE