

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014765 AT

DOCUMENT # A99000001581

1. Entity Name
THE ABRAHAM GROUP PARTNERSHIP, LTD.



FILED

03 APR -9 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1300 S. LAKE HOWARD DRIVE
SUITE 100
WINTER HAVEN FL 33880

Mailing Address
1300 S. LAKE HOWARD DRIVE
SUITE 100
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3599183

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABRAHAM, STEVEN
1300 S. LAKE HOWARD DRIVE
SUITE 100
WINTER HAVEN FL 33880

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. \$200,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000085470
NAME THE ABRAHAM GROUP, INC.
STREET ADDRESS 19 O'BRIEN STREET, SUITE 1
CITY-ST-ZIP ORILLIA ONTARIO L3V 5S1 L

STREET ADDRESS

CITY-ST-ZIP

100015555971
04/09/03--01056--001 **437.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100015555971
04/03/03--01056--002 **88.75

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CITY-ST-ZIP

M THOMAS

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:

SIGNATURES: Steven J. Abraham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 2/03

863-293-5559
Daytime Phone #

CR2E003 (10/02)