

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001677

1. Entity Name
PARSONS INVESTMENTS, LTD.



FILED

03 APR 24 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
870 CLASSIC COURT, APT. 203
NAPLES FL 34110

Mailing Address
5811 PELICAN BAY BLVD., SUITE 600
NAPLES FL 34108



2. Principal Place of Business
5811 PELICAN BAY BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 600

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
NAPLES, FLORIDA

City & State

4. FEI Number 59-3604581

Applied For

Not Applicable

Zip
34108

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

FOWLER WHITE MYERS KRAUSE
5811 PELICAN BAY BLVD., STE. 600
NAPLES FL 34108

Name
FOWLER WHITE BOGGS BANKER P.A.

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

5811 PELICAN BAY BOULEVARD, SUITE 600

City
NAPLES

FL

Zip Code 34108

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

/ROBERT J. STOMMEL

2/14/2003
DATE

9. Capital Contributions
as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$5,250,000.00

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 # P99000090107
NAME PARSONS INVESTMENTS, INC.
STREET ADDRESS 5811 PELICAN BAY BLVD., STE 600
CITY-ST-ZIP NAPLES FL 34108

STREET ADDRESS

CITY-ST-ZIP

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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:

Michael R. Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/22/03
Date

Daytime Phone #

CR2E003 (10/02)

0015273 AT