

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001699

1. Entity Name
L. FAYARD FAMILY LIMITED PARTNERSHIP



Principal Place of Business
% LUCILLE FAYARD
5610 CYNTHIA LANE
NAPLES FL 34112

Mailing Address
% LUCILLE FAYARD
5610 CYNTHIA LANE
NAPLES FL 34112

FILED

2003 JUL 23 AM 9:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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 59-3600565

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

ACKERMAN, NANCY
5610 CYNTHIA LANE
NAPLES FL 34112

Name

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

300018003839

05/05/03--01045--013 **376.25

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. \$1,200,000.00

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 # P99000091167
NAME L. FAYARD HOLDINGS, INC.
STREET ADDRESS % 5610 CYNTHIA LANE
CITY-ST-ZIP NAPLES FL 34112

STREET ADDRESS

CITY-ST-ZIP

300018003839

07/23/03--01036--001 **150.00

DOCUMENT #
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CITY-ST-ZIP

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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:

Nancy Ackerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-23-2003 239 732-7768

CR2E003 (10/02)

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STAPLE CHECK HERE