

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A99000001740**

1. Entity Name
FLG FL. PARTNERS, LTD.



FILED

03 MAR 10 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6617 GLENCOE DR.
TEMPLE TERRACE FL 33617**

Mailing Address
**6617 GLENCOE DR.
TEMPLE TERRACE FL 33617**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3613455				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CALENTI, DANIA F
6617 GLENCOE DRIVE
TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent

Name **Valenti, Dania F.** (NAME MISPELLED)
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 *Dania Valenti* DATE 3/4/03
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,702,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P96000023319	STREET ADDRESS	
NAME	F & L INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	6617 GLENCOE DR.	STREET ADDRESS	200013735032
CITY-ST-ZIP	TAMPA FL 33617	CITY-ST-ZIP	03/10/03 01003 001 **526.25
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Dania Valenti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/3/03
Date

Daytime Phone #

CR2F003 (10/02)