

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012829
AT

DOCUMENT # **A99000002174**

1. Entity Name

THE OPT REAL ESTATE LIMITED PARTNERSHIP, LLLP

02 MAR 27 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**18700 LAKE IOLA ROAD
DADE CITY FL 33525**

Mailing Address
**18700 LAKE IOLA ROAD
DADE CITY FL 33525**



2. Principal Place of Business

18700 Lake Iola Rd.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Dade City FL

City & State

59-3637658

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33523

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POTTBERG, CLIFTON
18700 LAKE IOLA ROAD
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name

n/a

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.

SIGNATURE

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

Clifton Pottberg 3.25.02

DATE

9. Capital Contributions
as Shown on record.

\$1,485,000.00

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 # **L99000009033**
NAME **THE OPT REAL ESTATE, LLC**
STREET ADDRESS **18700 LAKE IOLA ROAD**
CITY-ST-ZIP **DADE CITY FL 33525**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200005183772--0
-04/02/02--01064--016
****535.00 ****535.00**

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:

Clifton Pottberg

Clifton Pottberg

3.25.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE