

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013009 AT

DOCUMENT # A99000002174

1. Entity Name

THE OPT REAL ESTATE LIMITED PARTNERSHIP, LLLP



FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
18700 LAKE IOLA ROAD
DADE CITY FL 33523

Mailing Address
18700 LAKE IOLA ROAD
DADE CITY FL 33523

2. Principal Place of Business

18700 Lake Iola Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

Dade City FL

City & State

4. FEI Number 59-3637658

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Clifton Pottberg

CLIFTON POTTBERG

4.15.03

DATE

9. Capital Contributions
as Shown on record.

\$1,485,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,485,000.00

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000018315690
05/07/03--01003--027 **\$35.00

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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:

Clifton Pottberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CLIFTON POTTBERG

4.15.03

Date

Daytime Phone #

CR2E003 (10/02)