

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

DOCUMENT # B0100000023

1. Entity Name

Lake Wales Venture No. One L.P.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1936 San Marco

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32207

Country

Duval

Zip

Country

32207

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FILED

02 JUN 21 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DUE BY MAY 1

4. FEI Number

59-3664019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tammy Warner

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

1936 San Marco Blvd

City

Jacksonville

FL

Zip

32207

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

Tammy Warner

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

6-17-02

DATE

9. Capital Contributions

as Shown on record.

228,000

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
Jim Gissler
16910 Dallas Pkwy # 100
Dallas, TX 75248

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
Troy Bathman
16910 Dallas Pkwy # 100
Dallas, TX 75248

STREET ADDRESS
CITY-ST-ZIP
700005975457--5
-06/25/02--01058--007
****526.25 ****526.25

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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)(f), 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:

Jim Gissler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6-10-02 9043963734

Date

Daytime Phone #

CR2E003B (12/01)