

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002664 AB

DOCUMENT # B01000000352

1. Entity Name
OLDE MARCO SUITES, LP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 18 AM 8:12

6/9/18

Principal Place of Business
2660 AIRPORT ROAD SOUTH
NAPLES FL 34112-4899

Mailing Address
100 PALM STREET
MARCO ISLAND FL 34145



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number 41-1941519

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

KRUCHTEN, DEMIAN M
2660 AIRPORT ROAD SOUTH
NAPLES FL 34112-4899

Name

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.

DATE

9. Capital Contributions as Shown on record. \$0.00

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 # LLP990000179
NAME MARCO CAT, LLP
STREET ADDRESS 100 PALM ST.
CITY-ST-ZIP MARCO ISLAND FL 34145

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600022376206
08/18/03--01028--009 **25.00

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600022376206
09/22/03--01086--001 **507.50

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600022376206
08/18/03--01028--010 **8.75

DOCUMENT #
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/18/03 (239) 394-3131

Date

Daytime Phone #

CR2E003 (4/03)

PLEASE CHECK HERE