

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B01000000395



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
**THE RIZZI MANAGAMENT GROUP OF SOUTHERN FLORIDA L
IMITED PARTNERSHIP**

Principal Place of Business
**15 EAST NORTH ST
DOVER DE 19901**

Mailing Address
**15 EAST NORTH ST
DOVER DE 19901**



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 **65-1009833**

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

**PROBST, DANIEL J
3300 PGA BLVD
SUITE 500
PALM BEACH GARDENS FL 33410**

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.

\$825,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

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 # **M01000002617**
NAME **THE RIZZI MANAGEMENT GROUP, LLC**
STREET ADDRESS **14444 BOXWOOD DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418-8674**

STREET ADDRESS

CITY-ST-ZIP

08/05/03 01091-001 **926.25

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/3/03 56-1165139

Date

Daytime Phone #

CR2E003 (4/03)

STATE OF FLORIDA

292

July 30, 2003

Florida department of state
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314-6327

To Whom It May Concern:

Enclosed please find check number #1016 in the amount of \$926.25. This amount reflects a late fee of \$400.00. I request the state; to investigate this matter since the original 2003 form was never received in the mail.

I feel some consideration should be given regarding this situation. Payment would have been made within the allotted time limited if I received the form.

Your consideration in this matter is greatly appreciated. I will await your decision.

Sincerely,



JoAnn Johnson