

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B02000000025

1. Entity Name  
EULIANO LIMITED PARTNERSHIP



Principal Place of Business  
711 SOUTH CARSON STREET, SUITE 4  
CARSON CITY NV 89701

Mailing Address  
4976 COURTLAND LOOP  
WINTER SPRINGS FL 32708

FILED

03 FEB 11 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
58-2525214

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, MICHAEL A  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

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. \$2,791,513.00

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 #     | P01000114416                     |
| NAME           | SOUTHERN TECHNICAL COLLEGE, INC. |
| STREET ADDRESS | 4976 COURTLAND LOOP              |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32708          |
| DOCUMENT #     |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| DOCUMENT #     |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
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| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| DOCUMENT #     |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| DOCUMENT #     |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |

|                |   |
|----------------|---|
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| STREET ADDRESS | 900010077089<br>01/14/03--01055--006 **141.25 |
| CITY-ST-ZIP    |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    | 900010077089<br>02/05/03--01006--004 **385.00 |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

CR2E003 (10/02)

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

Date

Daytime Phone #