

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

DOCUMENT # B02000000144

1. Entity Name

Added Performance, Limited Partnership



FILED

03 APR 30 AM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 Rialto Drive

3. Mailing Address

100 Rialto Drive

Suite, Apt. #, etc.

#615

Suite, Apt. #, etc.

#615

DUE BY MAY 1

City & State

Melbourne, Florida

City & State

Melbourne, Florida

4. FEI Number

52-2099949

Applied For

Not Applicable

Zip

32901

Country

Brevard

Zip

32901

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Sapourn, Michael P.**

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

100 Rialto Drive, #615

City **Melbourne**

FL

Zip Code
32901

**DO NOT WRITE
IN THIS SPACE**

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 is applicable

DATE

9. Capital Contributions
as Shown on record

\$22,087,355

10. Amount of Capital Contributions
in FLORIDA to date.

\$14,847,642

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

DOCUMENT #

M02000001126

NAME

Sapourn Financial Services, L.L.C.

STREET ADDRESS

100 Rialto Drive, #615

CITY-STATE-ZIP

Melbourne FL 32901

STREET ADDRESS

CITY-STATE-ZIP

300017591403

DOCUMENT #

NAME

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

04/30/03--01081--022 **526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #

NAME

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-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:

Michael P. Sapourn, MM of GP 4/23/03

(321) 953-5343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Day

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/02)