

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000186

1. Entity Name  
GORDON PROPERTY COMPANY, L.P., LTD.



**FILED**  
03 APR 30 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
23123 S. STATE ROAD 7, SUITE 301  
BOCA RATON FL 33428

Mailing Address  
23123 S. STATE ROAD 7, SUITE 301  
BOCA RATON FL 33428



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 43-1511295

Applied For

Not Applicable

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

GORDON, JAMES N  
23123 S. STATE ROAD 7, SUITE 301  
BOCA RATON FL 33428

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 DATE 4/30/03

9. Capital Contributions  
as Shown on record.

\$5,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

**NOTE: 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 #  
NAME GORDON, JAMES N  
STREET ADDRESS 23123 S. STATE ROAD 7, SUITE 301  
CITY-ST-ZIP BOCA RATON FL 33428

STREET ADDRESS

CITY-ST-ZIP

~~04/30/03--01075--007 \*\*141.25~~

DOCUMENT #  
NAME GORDON, RUTH H  
STREET ADDRESS 23123 S. STATE ROAD 7, SUITE 301  
CITY-ST-ZIP BOCA RATON FL 33428

STREET ADDRESS

CITY-ST-ZIP

200017584302  
04/30/03--01075--007 \*\*141.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/03 561-451-2227  
Date Daytime Phone #

CR2E003 (10/02)