

# 2002 UNIFORM BUSINESS REPORT (UBR)


0014031 A1

<b>DOCUMENT #</b>	<b>B95000000061</b>
<b>1. Entity Name</b>	
<b>ROLLAR REALTY LTD.</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>100 PARK AVENUE</b>	<b>P.O. BOX 17297</b>
<b>CLEARWATER FL 33764</b>	<b>CLEARWATER FL 33762</b>

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**02 FEB 14 PM 2:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



<b>DUE BY MAY 1, 2002</b>			
<b>4. FEI Number</b>		<b>59-3291493</b>	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>LECHNER, BERNARD J</b> <b>2115 RANGE ROAD</b> <b>CLEARWATER FL 33765</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

**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.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>9. Capital Contributions as Shown on record.</b>	<b>\$50,000.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
	<b>100 PARK AVE</b>	<b>CITY-ST-ZIP</b>	
	<b>CLEARWATER FL 33764</b>		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>000004991300--7</b>
		<b>CITY-ST-ZIP</b>	<b>-02/22/02--01062--007</b>
			<b>****438.75 ****438.75</b>
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
		<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
		<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
		<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
		<b>CITY-ST-ZIP</b>	

**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]* **2/11/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

CR2E003 (9/01)

SAMPLE CHECK HERE