

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

10/2

0003100 MB

**DOCUMENT # B97000000312**  
1. Entity Name  
**GUARANTEE PROPERTIES LIMITED PARTNERSHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 AUG 13 AM 11:25

08/20

Principal Place of Business  
10654 SUNSET POINT LANE  
FISHERS IN 46038

Mailing Address  
10654 SUNSET POINT LANE  
FISHERS IN 46038



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY SEPTEMBER 24, 2003**

4. FEI Number **35-1755060**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$45.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ARMSTRONG, G. WILLIAM</b> <b>10654 SUNSET POINT LANE</b> <b>FISHERS IN 46038</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ARMSTRONG, LINDA D</b> <b>10654 SUNSET POINT LANE</b> <b>FISHERS IN 46038</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	<b>100021587711</b> <b>07/18/03--01026--004 **\$2.50</b>
STREET ADDRESS CITY-ST-ZIP	<b>100021587711</b> <b>08/13/03--01085--007 **\$8.75</b>
STREET ADDRESS CITY-ST-ZIP	
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: *G. William Armstrong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/10/03 317-579-9746  
Date Daytime Phone #

CR2E003 (4/03)

292



# Armstrong Developments, Inc.

Florida Department of State  
Ref Number B97000000312

8/4/03

ATTN: MARSHA THOMAS.  
DOCUMENT SPECIALIST

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 AUG 13 2 41 PM '03

Dear Madam:

Enclosed is our check for  $\$88^{75}$  balance for UBR Supplemental Fee not paid at time of Uniform Business Report.

I understand that my account shows a 400 late fee for not paying these amounts before May 1, 2003. I never received the document until approximately July 1, 2003. and paid what I understood was due ( $\$52^{50}$ ) shortly thereafter.

Because of the untimeliness of the notice of filing fees that were due, I will appreciate your removing the 400 late fee from my account.

Thank you  
*C. Freeman Armstrong*