

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016398
AT

DOCUMENT # **B98000000227**



1. Entity Name
MELNICK VENTURE PARTNERS I LP.

FILED

03 MAR -4 AM 8:55

SECRETARY OF STATE.

FLORIDA



Principal Place of Business
**262 MONTEREY DR.
NAPLES FL 34119**

Mailing Address
**262 MONTEREY DR.
NAPLES FL 34119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

1/27

DUE BY MAY 1, 2003

4. FEI Number **52-2087805**

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

**MELNICK, STUART L
262 MONTEREY DR.
NAPLES FL 34119**

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. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **- 0 -**

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 # **F98000001993**
NAME **MELNICK VENTURES, INC.**
STREET ADDRESS **262 MONTEREY DR.**
CITY-ST-ZIP **NAPLES FL 34119**

STREET ADDRESS

CITY-ST-ZIP **01/13/03--01034--005 **141.25**

DOCUMENT #
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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: **STUART L. MELNICK** 1/8/03 239-269-6572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)