

2002 UNIFORM BUSINESS REPORT (UBR)

0019870 AB

DOCUMENT # B98000000276

1. Entity Name
LA BENDICION LIMITED PARTNERSHIP

FILED
02 FEB 18 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4510 OLD FIELD ROAD
GAINESVILLE VA 20155**

Mailing Address
**4510 OLD FIELD ROAD
GAINESVILLE VA 20155**



2. Principal Place of Business
8525 Seacrest Dr.

3. Mailing Address
8525 Seacrest Dr.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Vero Beach, Fl.

4. FEI Number
54-1889641

Applied For
 Not Applicable

Zip
32963

Country

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

6. Name and Address of Current Registered Agent

**UNDERWOOD, ROBERT L
537 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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.

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

9. Capital Contributions as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #	F98000002429
NAME	LA BENDICION GP, INC.
STREET ADDRESS	4510 OLD FIELD ROAD
CITY-ST-ZIP	GAINESVILLE VA 20155
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	900005022249--7
STREET ADDRESS	-02/26/02--01086--012
CITY-ST-ZIP	***141.25 ***141.25
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: *James W. Dick* **James W. Dick** 2/02/02 561-581-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)