

2002 UNIFORM BUSINESS REPORT (UBR)

0018870 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.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

54-1889641

Applied For

Not Applicable

Zip

Country

32963

Zip

Country

32963

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

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

DATE

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

900005022249--7

STREET ADDRESS

CITY-ST-ZIP

-02/26/02--01086--012

****141.25 ****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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James W. Dick
JAMES W. DICK

2/02/02

Date

561-581-0060

Daytime Phone #

CR2E003 (9/01)