

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000426

1. Entity Name
GARDEN PLAZA LIMITED PARTNERSHIP OF PARADISE



FILED
03 MAR 25 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 137
GREENDALE WI 53124-0137

Mailing Address
P.O. BOX 137
GREENDALE WI 53124-0137



2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

Suite/Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 39-1709240

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FORLIZZO, ROBERT A
2903 RIGSBY LANE
SAFETY HARBOR FL 34695

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. \$264,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME SCHLYTTER, ROBERT O SR.
STREET ADDRESS 5111 S. 76TH STREET
CITY-ST-ZIP GREENDALE WI 53129-0137

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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:

Robert O Schlytter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/18/2003

Date

414/281-6000#3

Daytime Phone #

CR2E003 (10/02)

001699 MB