

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B98000000596**



1. Entity Name  
**HARPER FAMILY LIMITED PARTNERSHIP**

**FILED**

**03 FEB 24 AM 9:39**

Principal Place of Business  
**70393 BRAVO STREET  
COVINGTON LA 70433**

Mailing Address  
**70393 BRAVO STREET  
COVINGTON LA 70433**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **72-1405201**

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

**BLANKENSHIP, RUSSELL  
1733 HILL AVENUE  
MANGONIA PARK FL 33407**

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 \_\_\_\_\_

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

DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record. **\$175,000.00**

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 STREET ADDRESS CITY-ST-ZIP	<b>M98000001153 CRESCENT CITY/HARPER PROPERTIES, L.L.C. 70393 BRAVO STREET COVINGTON LA 70433</b>
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>900013030659 02/24/03--01048--015 **526.25</b>
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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: *Jack B. Harper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Jack B. Harper**

Date **2-14-03** Daytime Phone # \_\_\_\_\_

CR2E003 (10/02)