

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008117 AT

DOCUMENT # A15253

1. Entity Name
1215 LOUISIANA PARTNERSHIP, LTD.



FILED
03 MAY -5 PM 7:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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| Principal Place of Business 1100 N. NEW YORK AVENUE WINTER PARK FL 32789 | Mailing Address P.O. BOX 2173 WINTER PARK FL 32790 |
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-2317467** 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

COOPER, JAMES E.
1093 FOGGY BROOK PLACE
LONGWOOD FL 32750

Name **JAMES E. COOPER**
Street Address (P.O. Box Number is Not Acceptable)
1100 N. NEW YORK AVE
WINTER PARK, FL 32789
City **FL** Zip Code **32789**

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 4/22/03

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

DATE

9. Capital Contributions as Shown on record. **\$52,900.00**

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

| | |
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| DOCUMENT # | COOPER, JAMES E. 1100 N. NEW YORK AVENUE WINTER PARK FL 32789 |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| STREET ADDRESS |
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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: 4/22/03 407-999-9022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)