

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000000805**

1. Entity Name

VILLAGE AT LAKE HIGHLAND LIMITED PARTNERSHIP

FILED

02 MAY -1 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

5728 MAJOR BLVD., SUITE 309
ORLANDO FL 32819

Mailing Address

5728 MAJOR BLVD., SUITE 309
ORLANDO FL 32819

2. Principal Place of Business

2150 LAKE HIGHLAND BLVD

3. Mailing Address

C/O RESIDENCE MANAGEMENT, INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209 TOWN CENTER BLVD

City & State

LAKELAND, FL

City & State

DAVENPORT, FL

4. FEI Number

59-3619449

Applied For

Not Applicable

Zip

33813

Country

USA

Zip

33896

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REILLY, ANDREW R
95 SOUTH 10TH STREET
HAINES CITY FL 33845**

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.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,254,422

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 # **GP9800001039**
NAME **VILLAGE PARTNERS**
STREET ADDRESS **5728 MAJOR BLVD., SUITE 309**
CITY-ST-ZIP **ORLANDO FL 32819**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

209 TOWN CENTER BLVD

CITY-ST-ZIP

DAVENPORT, FL 33896

STREET ADDRESS

CITY-ST-ZIP

700005556417--6

-05/17/02--01023--018

*****535.00 ***535.00**

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

863-424-5536

Date

Daytime Phone #

CR2E003 (9/01)