

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000805

1. Entity Name  
VILLAGE AT LAKE HIGHLAND LIMITED PARTNERSHIP

*Residence*



FILED  
03 APR 30 AM 5:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
2150 LAKE HIGHLAND BLVD  
LAKELAND FL 33813

Mailing Address  
C/O RESIDENSE MANAGEMENT, INC.  
209 TOWN CENTER BLVD  
DAVENPORT FL 33896

2. Principal Place of Business

3. Mailing Address  
C/O RESIDENSE MANAGEMENT, INC.

4/30



Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3619449

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

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

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. \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 2,476,964

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 # GP9800001039  
NAME VILLAGE PARTNERS  
STREET ADDRESS 209 TOWN CENTER BLVD  
CITY-ST-ZIP DAVENPORT FL 33896

STREET ADDRESS

CITY-ST-ZIP

000017543950  
04/30/03--01022--019 \*\*535.00

DOCUMENT #  
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/03 (863) 424-5536

Date

Daytime Phone #

CR2E003 (10/02)

0014809 AT