

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007961 AT

DOCUMENT # A02000000822

1. Entity Name
TALLY HOI VENTURE I, LLLP.



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

MJH

Principal Place of Business
8988 LAKE CHARITY DRIVE
MAITLAND FL 32794

Mailing Address
8988 LAKE CHARITY DRIVE
MAITLAND FL 32794



2. Principal Place of Business
5145 City Str
Suite, Apt. #, etc.

3. Mailing Address
5145 City Str
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
ORLANDO, FL
Zip
32839
Country
USA

City & State
ORLANDO, FL
Zip
32839
Country
USA

4. FEI Number
30-0085087

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANG, THOMAS F ESQ
14 E. WASHINGTON STREET, STE. 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
JOEL K. SLATER
Street Address (P.O. Box Number is Not Acceptable)
5145 CITY STREET
City
ORLANDO FL Zip Code
32839

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.

4/3/03
DATE

9. Capital Contributions
as Shown on record. \$2,500,000.00

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 # L02000007343
NAME EAGLE I, LLC
STREET ADDRESS 8988 LAKE CHARITY DRIVE
CITY-ST-ZIP MAITLAND FL 32794

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # L02000009229
NAME ELKAR STUDENT HOLDINGS, LLC
STREET ADDRESS 5145 CITY STREET
CITY-ST-ZIP ORLANDO FL 32839

STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
HAL MARSTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/03 407-851-6252
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE