2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

A16007 DOCUMENT # FILED Apr 25, 2002 8:00 A. Secretary of State 1. Entity Name MAGNOLIA PROPERTIES OF PENSACOLA - III, LTD. Principal Place of Business Mailing Address 2290 NORTH NINTH AVENUE 2280 NORTH NINTH AVENUE PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-2503211 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHIBBS, VINCENT J JR. Street Address (P.O. Box Number is Not Acceptable) 105 E. GREGORY STREET PENSACOLA FL 32503 City 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 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions \$60,000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY K73943 CR2E003 (9/01) DOCUMENT # STREET ADORESS GRAND OAK VILLAS, INC. 2280 N. 9TH AVENUE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS -05/06/02--01009--019 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS ČITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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