

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004901  
AV

DOCUMENT # **A18352**

1. Entity Name  
**KEYSTONE OAKS, LTD.**



FILED

03 FEB 24 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1343 MAIN STREET  
5TH FLOOR  
SARASOTA FL 34236**

Mailing Address  
**1343 MAIN STREET  
5TH FLOOR  
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

**4255 52nd PLACE W**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

**BRADENTON, FL**

4. FEI Number **59-2482898**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34210**

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

**MANNAUSA, THOMAS J.  
1343 MAIN STREET  
5TH FLOOR  
SARASOTA FL 34236**

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.

**\$330,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANNAUSA, THOMAS J.  
1343 MAIN ST. 5TH FL  
SARASOTA FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000013039320  
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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

**2/13/03 941-305-1511**

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE