

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31445

1. Entity Name
SUN BAY VILLAGE LTD.



Principal Place of Business
% RALPH S. CARVER
P.O. BOX 644
MILTON FL 32570

Mailing Address
% RALPH S. CARVER
P.O. BOX 644
MILTON FL 32570

FILED
03 APR 28 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3062043

Applied For

Not Applicable

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

CARVER, RALPH S
4284 HWY 90
PACE FL 32571

Name S. Ellen Carver
Street Address (P.O. Box Number is Not Acceptable)
4284 Hwy 90
City Pace FL Zip Code 32571

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. \$205,046.00

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 CARVER, RALPH S
STREET ADDRESS 4284 HWY 90
CITY-ST-ZIP PACE FL 32571

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/28/03 01034 015 **622.50

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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

Date

Daytime Phone #

CR2E003 (10/02)

0007263 AT

Signature Page Only

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Sun Bay Village, Ltd.
Name of the limited partnership

2. 04-17-91
Date of filing/registration in Florida

3. A 31445
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Ralph S. CARVER
Name

4284 Hwy 90
Address

Pace, FL 32571
City, State and Zip

5. The name and address of the new registered agent and/or office:

S. Ellen CARVER
Name

4284 Hwy 90
Florida street address (P.O. Box **not** acceptable)

Pace FL 32571
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

S. Ellen Carver

Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

S. Ellen Carver

Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**