

2001 UNIFORM BUSINESS REPORT (UBR)


0020703 SP

DOCUMENT # A94000000744
 1. Entity Name
FOWLER GROVES LIMITED PARTNESHIP

Principal Place of Business Mailing Address
 1631 COUNTY ROAD 535 1647 COUNTY ROAD 535
 WINTER GARDEN FL 34787 WINTER GARDEN FL 34787

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-3243583 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

FILED
 01 APR -4 AM 10:14
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RUBINO, NICHOLAS J
RUBINO & ASSOCIATES, P.A.
535 VERSAILLES DRIVE, SUITE 150
MAITLAND FL 32751

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$7,240,195.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	P99000030272
NAME	ISABEL T. FOWLER, INC.
STREET ADDRESS	1647 COUNTY ROAD 535
CITY-ST-ZIP	WINTER GARDEN FL 34787
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500003996285--2
CITY-ST-ZIP	-04/13/01--01023--016 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: Isabel T. Fowler **SIGNATURE REQUIRED** **4/1/01** **907-467-7973**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)