

2002 UNIFORM BUSINESS REPORT (UBR)

0014174 AT

DOCUMENT # A95000000736

1. Entity Name
COMMUNITY INVESTORS, LTD.

FILED

02 JAN 24 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 12588 CAPRI CIR LN TREASURE ISLAND FL 33706	Mailing Address P.O. BOX 3516 SEMINOLE FL 33775
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	DUE BY MAY 1, 2002	
City & State	City & State	4. FEI Number 59-3313089	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

BEATTY, BEA
12588 CAPRI CIR LN
TREASURE ISLAND FL 33706

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$30,000.00	10. Amount of Capital Contributions in FLORIDA to date. 22,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	521616 HAPPY HOMES, INC. OF PINELLAS COUNTY 12588 CAPRI CIR LN TREASURE ISLAND FL 33706
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700004843627--6
CITY-ST-ZIP	-01/30/02--01013--002 ****242.75 ****242.75
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: *Bea Beatty, Pres* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **1-21-02** **727-363-3626**
Date Daytime Phone #

CR2E003 (9/01)