2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008596 AT

DOCUMENT # A95000001965

1. Entity Name
SHINGLE CREEK LIMITED PARTNERSHIP

FILED
03 APR 16 PM 2:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

4/16

Principal Place of Business	Mailing Address
P.O. BOX 568367 ORLANDO FL 32856	P.O. BOX 568367 ORLANDO FL 32856

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 59-3345850 ☐ 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
CARUSO, PHYLIS P 102 W. PINELOCH AVE, SUITE 10 ORLANDO FL 32806	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $2,490,880.98	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	CARUSO, PHYLIS P 2628 LAKE FOREST DR. DELAND FL 32720	STREET ADDRESS CITY-ST-ZIP	100001612372 1 04/16/03--01069--021 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CARUSO, PHILIP P JR 3211 NORTHGLEN DR. ORLANDO FL 32806	STREET ADDRESS CITY-ST-ZIP	102 W. PINELOCH AVE, STE 10 ORLANDO, FL. 32806
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CR2E003 (10/02)

STAPLE CHECK HERE

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: Philip P Caruso [signature] SIGNATURE REQUIRED — 4/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #