2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name

Principal Place of Business 3619 COLLEGE HILL ROAD

SIGNATURE:

THE DURRANCE GROVES LIMITED PARTNERSHIP



Mailing Address 3619 COLLEGE HILL ROAD **BOWLING GREEN FL 33834**

SECRETARY OF STATE DIVISION OF CORPORATIONS

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2. Principal Place of Business 3. Ma		3. Mailing Addre	Mailing Address			1881: 90111 28111 58111 08111 88				
Stite, Apt. #, etc. Suite,		Suite, Apt. #, e	ite, Apt. #, etc.		1	DUE BY MAY 1, 2003				
City & State		City & State		4. FEI Number 65-0	763235	Applied For				
40 X	- ·				Not Applicable					
Zip :		Country	Zip	Co	Country 5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
DURRANCE, MARY LOUISE					Name					
3619 COLLEGE HILL ROAD					Street Address (P.O. Box Number is Not Acceptable)					
BOWLING	GREEN FL	. 33834								
					City		FL	Zip Code		
8. The above	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 of	or printed name of registered agent a	and title if applicable.				DATE			
9. Capital Contributions as Shown on record. \$3,000,000.00 in FLORIDA to date.						11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A C NOTE:	GENERAL PARTNER T General Partners MA	HAT IS A BUSINE Y NOT be change	ESS ENTITY	MUST BE RE	GISTERED AND ACTIVE	WITH THIS OFFICE.	ner		
NOTE: General Partners MAY NOT be changed on the formation GENERAL PARTNER INFORMATION					3.	ADDRESS CHANGES ONLY				
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NAME	DURRANCE, MARY LOUISE 3619 COLLEGE HILL ROAD BOWLING GREEN FL 33834			S	STREET ADDRESS	5000; 	<u> </u>			
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CITY-ST-ZIP					ITY-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