# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013590 AT

DOCUMENT # A98000000376

1. Entity Name
CCD NORTH PALMS, LTD.

FILED
03 APR 22 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 13014 N. DALE MABRY HWY.<br>SUITE 356<br>TAMPA FL 33618 | 13014 N. DALE MABRY HWY.<br>SUITE 356<br>TAMPA FL 33618 |

| 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 59-3501681 ☐ 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 |
|---|---|
| SCHWENCKE, KIM M<br>13014 N. DALE MABRY, SUITE 356<br>TAMPA FL 33618 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $401,000.00 | | |

**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 # | P98000012501 | STREET ADDRESS | |
| NAME | CONCORDE NORTH PALMS, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 13014 N. DALE MABRY HWY. | | |
| CITY-ST-ZIP | TAMPA FL 33618 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | 300016691073<br>04/22/03--01088--016 **526.25 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

CR2E003 (10/02)

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 4/16/03 813-164-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #