

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014982 AT

**DOCUMENT # A98000002020**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
*Hyf/17*  
03 APR 14 PM 4:02

1. Entity Name  
**FOUNTAIN COURT, LTD.**

Principal Place of Business  
**8250 COLLEGE PARKWAY #201  
FORT MYERS FL 33919**

Mailing Address  
**8250 COLLEGE PARKWAY #201  
FORT MYERS FL 33919**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0865874**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**LEVAN, TERRIS T  
8250 COLLEGE PARKWAY #201  
FORT MYERS FL 33919**

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. **\$937,530.00**

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 |                                   |
|---------------------------------|-----------------------------------|
| DOCUMENT #                      | <b>P98000068761</b>               |
| NAME                            | <b>FCP OF SOUTH FLORIDA, INC.</b> |
| STREET ADDRESS                  | <b>8250 COLLEGE PARKWAY #201</b>  |
| CITY - ST - ZIP                 | <b>FORT MYERS FL 33919</b>        |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY - ST - ZIP                 |                                   |
| 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           | <b>300015867723</b>                  |
| CITY - ST - ZIP          | <b>04/14/03--01068--019 **526.25</b> |
| STREET ADDRESS           |                                      |
| CITY - ST - ZIP          |                                      |
| 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: **SIGNATURE REQUIRED LEVAN** 4/3/03 235-412-4580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)