

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014895  
AT

**DOCUMENT # A98000002034**

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



**FILED**

**03 APR 18 PM 3:08**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



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.

City & State

City & State

Zip Country

Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0865872**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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. 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. **\$8,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **17,869.62**

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	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>700016239367</b>
CITY-ST-ZIP	<b>04/18/03--01022--022 **284.75</b>
STREET ADDRESS	
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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*

Date: **4/13/03** Daytime Phone #: **239-482-4550**

CR2E003 (10/02)