

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007094 AT

DOCUMENT # A99000002239
 1. Entity Name
THE CHEROKEE RANCH OF N.F. LIMITED PARTNERSHIP



FILED
 03 MAY -2 PM 6:15
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJH



Principal Place of Business
**3027 ANDOVER ROAD
 PENSACOLA FL 32504**

Mailing Address
**3027 ANDOVER ROAD
 PENSACOLA FL 32504**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-3616428** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PIERCE, ROBERT A
 227 SOUTH CALHOUN STREET
 TALLAHASSEE FL 32301**

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. **\$3,597,239.25**

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 #	GP9900001460
NAME	CHEROKEE RANCH PARTNERSHIP
STREET ADDRESS	3027 ANDOVER ROAD
CITY-ST-ZIP	PENSACOLA FL 32504
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: *Alveta L. Shampick* **4-29-03** **850-477-8879**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE