

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017459
AT

DOCUMENT # **B93000000221**



1. Entity Name
CREEKWOOD SAVANNAH LIMITED PARTNERSHIP

FILED

2003 JAN 14 AM 11:07

Principal Place of Business
**4949 WESTGROVE DR.
#100
DALLAS TX 75248**

Mailing Address
**4949 WESTGROVE DR.
#100
DALLAS TX 75248**

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

4. FEI Number **72-1240679**

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

**NATIONSCORP-REGISTERED AGENTS INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$0.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F93000002349**
NAME **CORAL SPRINGS PROPERTY CORPORATION**
STREET ADDRESS **4949 WESTGROVE DR. STE.100**
CITY-ST-ZIP **DALLAS TX 75248**

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS **000010098850**
CITY-ST-ZIP **01/14/03 01113 003 **141.25**

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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: *RENE NEITZEL*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/2/03

972-447-9035

Date Daytime Phone #

CR2E003 (10/02)