

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A23510**

1. Entity Name  
**COTTAGE HILL, LTD.**



Principal Place of Business  
**516 LAKEVIEW ROAD, VILLA 8  
CLEARWATER FL 33756**

Mailing Address  
**516 LAKEVIEW ROAD, VILLA 8  
CLEARWATER FL 33756**

**FILED**  
**03 FEB 10 PM 12:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



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 **59-2804632**

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

**FLYNN, THOMAS F  
516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER FL 33756-3302**

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.

**\$265,031.00**

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 # **P98000081966**  
NAME **CANTONMENT THREE, INC.**  
STREET ADDRESS **516 LAKEVIEW ROAD, UNIT 8**  
CITY-ST-ZIP **CLEARWATER FL 33756-3302**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
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**488012225914**  
**02/10/03--01063--013 \*\*535.00**

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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:

*Kevin T. Flynn*  
**Kevin T. Flynn**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**As Vice-President of  
Corporate General Partner**

**1/22/03 -727-449-1182**

Date

Daytime Phone #

CR2E003 (10/02)