

141.25

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

DOCUMENT # A02000001707

1. Entity Name

DRIFTWOOD ACRES MOBILE PARK, LTD.



FILED

03 APR -2 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4800 Griffin Rd

3. Mailing Address

4800 Griffin Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE FL

DAVIE FL

Zip

Country

Zip

Country

33314

USA

33314

USA

4. FEI Number

36-4516894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DUE BY MAY 1

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Seth Ellis, ESQ

Street Address (P.O. Box Number is Not Acceptable)
2600 N Military Trail

Suite 290

City Boca Raton

FL

Zip Code 33431

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]

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

3/27/03

DATE

9. Capital Contributions
as Shown on record.

990

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 # ELSON MANAGEMENT CORP
NAME
STREET ADDRESS 4800 Griffin Rd
CITY-ST-ZIP DAVIE FL 33314

DOCUMENT # Doc # P02000133644
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/03

Date

Daytime Phone #

CR2E003B (12/02)