

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016119 AT

DOCUMENT # A00000000115

1. Entity Name
SILVER OAKS VILLAGE, LTD.



FILED
03 MAR -4 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
233 S.W. 3RD STREET
OCALA FL 34478

Mailing Address
233 S.W. 3RD STREET
OCALA FL 34478



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 59-3628762

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

DAWSON, GWENDOLYN
233 S.W. 3RD STREET
OCALA FL 34478

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. \$50.00

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 #	724341	STREET ADDRESS	200012236332
NAME	OCALA LEASED HOUSING CORPORATION, INC.	CITY-ST-ZIP	03/04/03 01079-019 **91.25
STREET ADDRESS	233 S.W. 3RD STREET		
CITY-ST-ZIP	OCALA FL 34478		
DOCUMENT #		STREET ADDRESS	200012236332
NAME		CITY-ST-ZIP	02/19/03 01122-004 **50.00
STREET ADDRESS			
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STREET ADDRESS			
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: *Gwendolyn Dawson* 1-8-03 352 32647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)