

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007582 AT

4/13

DOCUMENT # A00000000134

1. Entity Name
CAMPUS WALK OF OXFORD LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -1 PM 3:35

Principal Place of Business
20721 S.W. 46TH AVENUE
NEWBERRY FL 32669

Mailing Address
20721 S.W. 46TH AVENUE
NEWBERRY FL 32669



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 62-1830119

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

DAVIS, NORITA V
20721 S.W. 46TH AVENUE
NEWBERRY FL 32608

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.

\$100.00

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 # A00000000134
NAME DAVIS HERITAGE LTD.
STREET ADDRESS 20725 S.W. 46TH AVENUE
CITY-ST-ZIP NEWBERRY FL 32669

STREET ADDRESS

CITY-ST-ZIP

600014959636
04/01/03--01023--003 **150.00

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/18/03

Date

352-472-3952

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE