

2002 UNIFORM BUSINESS REPORT (UBR)

0009/00 AI

DOCUMENT # **A00000001667**

1. Entity Name
LLOYD T. OAKWOOD FAMILY LIMITED PARTNERSHIP

FILED

02 MAY 13 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1345 RED COLT COURT
ASTOR FL 32102**

Mailing Address
**1345 RED COLT COURT
ASTOR FL 32102**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
City & State

4. FEI Number 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

**OAKWOOD, GREGORY B
1345 RED COLT COURT
ASTOR FL 32102**

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.

SIGNATURE *G. Oakwood* DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **1,279,969.**

10. Amount of Capital Contributions in FLORIDA to date. **1,279,969.00.**

11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000060228 PROPERTY PLUS OF VOLUSIA COUNTY, INC. 1345 RED COLT COURT ASTOR FL 32102	STREET ADDRESS CITY-ST-ZIP	100005288841--8 -05/29/02--01050--005
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	****437.50 ****437.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100005288841--8 -04/17/02--01024--012
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	***1838.75 *****38.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	FF \$526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: *G. Oakwood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/02 Date
386 749-7382 Daytime Phone #

CR2E003 (9/01)