## 2003 LIMITED PARTNERSHIP

UNIFORM BUSINESS REPORT (UBR)													
DOCUMENT # A00749  1. Entity Name CALLERY-JUDGE GROVE, LIMITED PARTNERSHIP									FILED 03 JAN 21 PM 12: 1:9				
Principal Place of Business 4001 SEM. PRATT WHITNEY ROAD LOXAHATCHEE FL 33470				iling Address XI SEM. PRATT XAHATCHEE FL	ROAD			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	Place of Busin	3. N	3. Mailing Address					IBN 8600 09,00 1000 BU		il uluif biuli i	ALBIA BABA 1903 '		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2003					
City & State				City & State					4. FEI Number	74-1542468	r		pplied For ot Applicable
Zip		Country	Z	Zip Coun			ry	5. Certificate of Status Desired S8.75 Additional Fee Required				ditional	
	6. Name	and Address of Current	Regist	ered Agent		I			7. Name and A	Address of New F	egistered A	gent	
HEWITT, WALLACE R.							NATHANIEL ROBERTS  Street Address (P.O. Box Number is Not Acceptable) 4001 SEMINOLE PRATT WHITNEY ROAD						
4001 SEMINOLE-PRAT WHITNEY ROAD							Street A	ddress (F 1 1 S 1	P.O. Box Number FMINOLE	is Not Acceptable	;) HITNEY	ΡΛΔΓ	`
LOXAHATCHEE FL 33470						ļ		<u>, , , , , , , , , , , , , , , , , , , </u>	2112110 22	TRATE M	11 1111	KOME	<u></u>
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8. The above the obligat	named entity ions of regist	y submits this statement fo ered agent.	r the pu	urpose of chan	nging its req	gistere	d office or	registere	ed agent, or both	, in the State of Flo	orida. I am fa		
SIGNATURE Nathanna Me											1/16/	03	
Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions \$400,000,000   10. Amount of Capital Contributions							DATE  11. MAKE CHECK PAYABLE TO FL. DEPT. OF ST/						
A GENERAL PARTNER THAT IS A BUSINESS ENTI										TIVE WITH TH			IMATION
	General Partners MA	form;	an ame	ndment	must be filed			<u> </u>					
12.	I	GENERAL PARTNER	NFOF	RMATION		13.				ADDRESS CH	ANGES ONL	<u> </u>	
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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 629, Florida Statutes

CITY-ST-ZIP

RESIDENT SIGNATURE: MANAGED CI

CITY-ST-ZIP

1/16/03 (561) 793-1676