## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

| DOCUMENT # A0100000181  1. Entity Name FWB MAGNOLIA POINTE, LTD.  |  |   |   |            |   | SECT<br>DIVISIO   | FILED<br>RETARY OF STAT<br>N OF CORPORAT<br>AR 28 AM 10: | Е<br>10 мs<br><b>35</b> | W 7/2    |
|---|--|---|---|------------|---|---|--|-------------------------|----------|
| Principal Place of Business C/O REGENCY DEVELOPMENT ASSOCIATES. INC. 1103 WEST HIBISCUS BLVD SUITE 408 MELBOURNE FL 32901  MELBOURNE FL 32901  Mailing Address C/O REGENCY DEVELOPMENT 1103 WEST HIBISCUS BLVD MELBOURNE FL 32901   |  |   |   |            |   |   |  | 25 26                   |          |
| Principal Place of Business     3. Mailing Address  |  |   |   |            |   |   |  |                         |          |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |   | · ·   |            |   | DUE BY MAY 1, 2003  |  |                         |          |
| City & Stat   | te   | City & State  | City & State  |            |   | 4. FEI Number 59-3697967 Applied For Not Applicable             |  |                         |          |
| Zip   | - Country  | Country Zip   |   | Country    |   | 5. Certificate of Status Desired \$8.75 Additional Fee Required |  |                         |          |
|   | 6. Name and Address of Curre   | ent Registered Agent  |   | <u> </u>   | !   | 7. Name and A   | ddress of New Regis                                      |                         |          |
| FOWLER,<br>110 BRY<br>WEST ME   |  | Name  A FLEE FOULER SANDELL  Street Address (R.O. Box Nymber is Not Acceptable)  1103 WEST HIBISCUS BLVB  City  City  FL Zip Code |   |            |   |   |  |                         |          |
| 8. The above named entity stramits 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 speed or printed name of registered agent and title if applicable.   |  |   |   |            |   |   |  |                         |          |
| 9. Capital Co<br>as Shown   | oital Contri   | butions   | 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  12. GENERAL PARTNER INFORMATION   |  |   |   | ; an ame   | nament  | must be filed   | ADDRESS CHANG  |                         | r.       |
| DOCUMENT # NAME STREET ADDRESS  | F98000001282<br>REGENCY INVESTMENT ASSOCIATES, INC.                  |   |   | ET ADDRESS |   |   | ADDRESS CHANG  | - ONLI                  |          |
| DOCUMENT #  | L01000001861   |   | STRE  | ET ADDRESS | <u> </u>  | Do  |  | 0                       |          |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CHP MAGNOLIA POINTE, LLC<br>1261 GLENWOOD AVENUE<br>ATLANTA GA 30316 |   |   | -ST-ZIP    | 241 REACHTREE STREET, STE 30<br>ATLANTA, GA 30303 |   |  |                         |          |
| DOCUMENT #  |  |   | STRE  | ET ADDRESS | # / I   | <u> </u>  | 77 3030  |                         |          |
| STREET ADDRESS<br>CITY-ST-ZIP   | FF \$141,25  | ·   | CITY  | -ST-ZIP    |   |   |  |                         |          |
| DOCUMENT #<br>NAME  | FF \$141.25<br>Cus 8,76  |   | STRE  | ET AODRESS |   | ,   | <del>)00150</del> -                                      | 485                     | 22       |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   | CITY  | -ST-ZIP    | ·   | 04702   | /0301009-  | -005                    | **150.00 |
| DOCUMENT #<br>NAME  | ·  |   | STRE  | ET ADDRESS |   |   |  |                         |          |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   | CITY  | -ST-ZIP    |   | · · · · · · · · · · · · · · · · · · ·                           |  |                         |          |
| DOCUMENT #<br>NAME  |  |   | STRE  | ET ADDRESS |   | <u>.                                    </u>                    | ·  | _                       |          |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   |   | -ST-ZIP    |   | <u>-</u>  |  |                         |          |
| 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 AND TYPED CO. PRINTED NAME OF SIGNING GENERAL PARTNER

3/21/03 321-723-9200 Date Date Dayline Phone #