DOCUMENT # A0100001063												
1. Entity Name  ARBOR OAKS AT OAKHURST, LTD.								FILED				
			!		00.45		2· 21.					
Principal Place of Business Mailing Address								l	PRII PMI			
360 CENTRAL AVE., 17TH FLOOR 360 CENTRAL AVE., 17TH C/O BANKERS FINANCIAL CORPORATION C/O BANKERS FINANCIAL								SECR	RETARY OF S AHASSEE, FL	TATE		
ST. PETERSBURG FL 33701 ST. PETERSBURG FL 3370								TALL/	AHASSEE, FL	"UKIDA III 44III 84III 491	, 181 (181) 88(15 8(288 (1)) 1881	
Principal Place of Business     3. Mailing Address												
											#1 *1911 #811# #11## 41k1 (PB1	
Suite, Apt. #, etc. Suite, Apt. #,					tc.			DUE BY MAY 1, 2002				
City & State				City & State			4. FEI Number	,	·	Applied For Not Applicable		
Zip	Country			Zip	Country			5. Certificate o	of Status Desired		8.75 Additional se Required	
6. Name and Address of Current Registered Agent								7. Name and A	Address of New R	egistered Ag	ent	
SNYDER, DAVID B ESQ.						Name Street Address (P.O. Box Number is Not Acceptable)						
360 CENTRAL AVE.						Juleat	eet Address (F.O. Box Number is Not Acceptable)					
17TH FLOOR ST. PETERSBURG FL 33701												
						City FL Zip Code					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 .	Signature, typed	or printed name of reg	istered agent and title if	applicable.			·····			DATE		
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions \$980.00 in FLORIDA to date.						butions				K PAYABLE T	O DEPT. OF STATE	
as shown	A C	ENERAL PAI	TNER THAT	in FLORIDA to d S A BUSINESS EN	ITITY N	UST BE	REGIST	ERED AND AC	CTIVE WITH THE	S OFFICE.	FEE INFORMATION	
12.	NOTE:		PARTNER INFO	T be changed on the RMATION	he forn 13.	r; an ame	endmen	t must be filed	ADDRESS CHA		er.	
DOCUMENT #	P01000040652					ET ADDRESS						
NAME STREET ADDRESS						OT 710						
CITY-ST-ZIP	ST. PETERSBURG FL 33701					-ST-ZIP		. <del>_</del>				
DOCUMENT# NAME	P01000040634 SYNERGY PROPERTIES-OAKHURST INC.				STRE	ET ADDRESS	Tampa, FL 33602					
STREET ADDRESS CITY-ST-ZIP	360 CENTRAL AVE., 17TH FLOOR ST. PETERSBURG FL 33701					-ST-ZIP						
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NAME					STRE	ET ADDRESS				- IJ ~	***********	
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DOCUMENT #				,, <u>, , , , , , , , , , , , , , , , , , </u>	STRE	ET ADDRESS			<del></del> -		· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS						•		· -				
CITY-ST-ZIP						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											that the information imited partnership or	
		* / / * /	Properti	s - Oakhurs	ا سيع	nc.		-3/				
SIGNAT	SIGNATURE: By: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  O3/12/02  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date Daytime Phone #											