CR2E003 (10/02)

## 2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

## A01000001063 **DOCUMENT #**

ARBOR OAKS AT OAKHURST, LTD.



FILED

03 MAY -2 PH 6: 14

SECRETARY OF STATE ALLAHASSEE FLORIDA MJH Principal Place of Business Mailing Address 380 CENTRAL AVE., 17TH FLOOR 360 CENTRAL AVE., 17TH FLOOR C/O BANKERS FINANCIAL CORPORATION C/O BANKERS FINANCIAL CORPORATION ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State Applied For 4. FEI Number APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert G. Southey -SNYDER, DAVID B ESQ. Street Address (P.O. Box Number is Not Acceptable) 360 CENTRAL AVE. 17TH FLOOR 360 Central Ave. ST. PETERSBURG FL 33701 City Zip Code 33701 St. Petersburg, 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, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$980.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P01000040634 DOCUMENT # STREET ADDRESS SYNERGY PROPERTIES-OAKHURST INC. NAME 360 CENTRAL AVE., 17TH FLOOR STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 400017915794 /02/03--01114--001 \*\*\*772.75 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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 on the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

Arbor Oaks at Oakhurst, Ltd.

813 876-2255

By: Synergy Properties-Oakhurst, Inc. Managing Conoral Partner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STREET ADDRESS

CITY-ST-7IP DOCUMENT #

NAME STREET ADDRESS CITY-ST-ZIP