

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001072

1. Entity Name

DIAMOND LAKES OF HERITAGE, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 11

Principal Place of Business

5505 N. ATLANTIC AVE. #115
COCOA BEACH FL 32931

Mailing Address

P.O. BOX 4961
ORLANDO FL 32802-4961



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3737439

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

B & C CORPORATE SERVICES OF CENTRAL FLORID
390 NORTH ORANGE AVE. SUITE 1100
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$50.00

10. Amount of Capital Contributions in FLORIDA to date.

50.00

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 # L01000013291
NAME DIAMOND LAKES OF HERITAGE, L.L.C.
STREET ADDRESS 5505 N. ATLANTIC AVE. #115
CITY-ST-ZIP COCOA BEACH FL 32931

STREET ADDRESS

700005257837--7

CITY-ST-ZIP

04/12/02 01079 010
****150.00 ****150.00

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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: *James Kincaid*

James Kincaid, Director 4/3/02

321-799-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)