

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000740 AV

DOCUMENT # A01000001072

1. Entity Name
DIAMOND LAKES OF HERITAGE, LTD.



FILED

03 MAY -9 PM 2:55

Principal Place of Business
5505 N. ATLANTIC AVE. #115
COCOA BEACH FL 32931

Mailing Address
P.O. BOX 4961
ORLANDO FL 32802-4961

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

5505 N. Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cocoa Beach, FL

Zip

Country

Zip

Country

32931

USA

4. FEI Number 59-3737439

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

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

Jacqueline McPhillips

Street Address (P.O. Box Number is Not Acceptable)

5505 N. Atlantic Ave

#115

City

Cocoa Beach

FL

Zip Code

32931

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

Jacqueline McPhillips

4/7/03

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 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 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

CITY-ST-ZIP

500018686405
05/09/03--01111--006 **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: *Michael McPhillips*

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E003 (10/02)