


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007695 AT

**DOCUMENT #** A01000001376

**1. Entity Name**  
LIBERTY WATERFORD LAKES, LTD.



**FILED**  
03 MAY -6 PM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
310 WEST CENTRAL PARKWAY, SUITE 700  
ALTAMONTE SPRINGS FL 32714

**Mailing Address**  
310 WEST CENTRAL PARKWAY, SUITE 700  
ALTAMONTE SPRINGS FL 32714



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3750019	
				Applied For Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>MIKKELSON, W. MICHAEL</b> <b>310 WEST CENTRAL PARKWAY, SUITE 700</b> <b>ALTAMONTE SPRINGS FL 32714</b>	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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. DATE

<b>9. Capital Contributions</b> as Shown on record. <b>\$400,000.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	P01000094700	STREET ADDRESS	SUITE 7000
NAME	LIBERTY WATERFORD LAKES, INC.	CITY-ST-ZIP	<del>05/08/03--07128--003 **526.25</del>
STREET ADDRESS	310 WEST CENTRAL PARKWAY, SUITE 700	STREET ADDRESS	300018312229
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	CITY-ST-ZIP	05/06/03--01128--003 **526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *W. Michael Mickelson* 2/28/03 407-774-8918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)