

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001667 AT

DOCUMENT # A01000001390

1. Entity Name
FLOWERWOOD I LIMITED PARTNERSHIP



Principal Place of Business
13340 WEST COLONIAL DRIVE, SUITE 220
WINTER GARDEN FL 34787

Mailing Address
13340 WEST COLONIAL DRIVE, SUITE 220
WINTER GARDEN FL 34787

FILED
03 MAY 12 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

P.O. Box 7

Suite, Apt. #, etc.

15315 Kelly Road

Suite, Apt. #, etc.

City & State

Loxley, AL

City & State

Loxley, AL

Zip

36551

Country

USA

Zip

36551

Country

USA

DUE BY MAY 1, 2003

4. FEI Number 60-0002088

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARDT, ERIC C
13340 WEST COLONIAL DRIVE, SUITE 220
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

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

300018688653

05/12/03--01007--002 **144.75

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

9. Capital Contributions as Shown on record. \$80,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$8,000.00

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 #
NAME SMITH, GREGORY L JR.
STREET ADDRESS P.O. BOX 665
CITY-ST-ZIP LOXLEY AL 36551

STREET ADDRESS

CITY-ST-ZIP

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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: Gregory L. Smith Jr. 4/28/2003 251964-5122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)