

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001664 AT

DOCUMENT # A01000001391



FILED
03 MAY -6 PM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

1. Entity Name
FLOWERWOOD II 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
15315 Kelly Rd
City & State
Loxley, AL

Suite, Apt. #, etc.
P.O. Box 7
City & State
Loxley, AL

DUE BY MAY 1, 2003

Zip
36551 Country
USA

Zip
36551 Country
USA

4. FEI Number **04-3587927**

Applied For
Not Applicable

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

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

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

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	STREET ADDRESS	CITY-ST-ZIP
	WALL, SALLY ANN	P.O. BOX 665	LOXLEY AL 36551

STREET ADDRESS	CITY-ST-ZIP

100018313451
05/06/03--01130--002 **144.75

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: Sally Ann Wall **RESERVED Wall** April 28 2003 (251) 964 5122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE