

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001391

1. Entity Name  
FLOWERWOOD II LIMITED PARTNERSHIP



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

MJM

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

Suite, Apt. #, etc.  
P.O. Box 7

City & State  
Loxley, AL

City & State  
Loxley, AL

Zip  
36551

Country  
USA

Zip  
36551

Country  
USA

DUE BY MAY 1, 2003

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

STREET ADDRESS

CITY-ST-ZIP

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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: 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)

001664 AT