

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

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FILED

2003 JUL 25 PM 12:32

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DOCUMENT # A01348

1. Entity Name  
SPRING CREEK VILLAGES, LTD.



2. Principal Place of Business  
Place of Business  
JWLER STREET  
(P. O. BOX 6966)  
FT MYERS FL 33911

3. Mailing Address  
Mailing Address  
3591 FOWLER STREET  
(P. O. BOX 6966)  
FT MYERS FL 33911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1314736

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CRONIN, THOMAS R.  
3591 FOWLER  
FT. MYERS, FL FL 33901

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

9. Capital Contributions as Shown on record. \$218,000.00

10. Amount of Capital Contributions in FLORIDA to date. 210,000.00

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 # 431888  
NAME FLORDECO, INC.  
STREET ADDRESS 3591 FOWLER STREET  
CITY-ST-ZIP FORT MYERS FL 33901

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

4. 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

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SIGNATURE: ALLAN E FOX PRES. FLORDECO INC 4/23/03 936-8889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

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