

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 A.M
Secretary of State

DOCUMENT # A02000000569

1. Entity Name
ARROWHEAD APARTMENTS, LTD.



Principal Place of Business
**2180 IMMAKALLE ROAD, SUITE 308
NAPLES FL 34110**

Mailing Address
**2180 IMMAKALLE ROAD, SUITE 308
NAPLES FL 34110**

TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number

16-1641269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLA, INC.
390 NORTH ORANGE AVE., SUITE 1100
ORLANDO FL 32801**

KLOHN

7. Name and Address of New Registered Agent

Name

William Kohn

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

2180 Immokalee Road Suite 308

City *Naples*

FL

Zip Code

34110

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.

4/14/03

DATE

9. Capital Contributions
as Shown on record.

\$50.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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

DOCUMENT # **N38760**
NAME **COLL CO HSNQ AUTH LAND AC NEW DEV, INC.**
STREET ADDRESS **1800 FARM WORKER WAY**
CITY-ST-ZIP **IMMOKALEE FL 34142**

DOCUMENT # **L02000008637**
NAME **MDG CAPITAL ARROWHEAD APARTMENTS, LLC**
STREET ADDRESS **2180 IMMAKALLE ROAD, SUITE 308**
CITY-ST-ZIP **NAPLES FL 34110**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

[Signature]

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/03

DATE

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE