

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 28 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # A02000000703

1. Entity Name  
ABB/DICKINSON PARTNERSHIP, LTD.



Principal Place of Business  
450 SOUTH ORANGE AVE.  
ORLANDO, FL 32801

Mailing Address  
450 SOUTH ORANGE AVE.  
ORLANDO, FL 32801

4/28

MJH

2. Principal Place of Business

3. Mailing Address

P.O. Box 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Zip

Country

Zip

32802

Country



DUE BY MAY 2003

4. FEI Number

02-0616637

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

BOURNE, ROBERT A  
450 SOUTH ORANGE AVE.  
ORLANDO, FL 32801

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. \$100,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

100,000.00

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  
ST. JOE/CNL REALTY GROUP, LTD.  
STREET ADDRESS  
450 SOUTH ORANGE AVE.  
CITY-ST-ZIP  
ORLANDO, FL 32801

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-9-03

Date

407-650-1000

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE