## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

DOCUMENT #	A02000000832
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 Entity Name COLONIAL PARK VILLAGE, LTD.



FILED

03 MAR 14 PM 1: 47 Principal Place of Business 585 NORTH COURTENAY PARKWAY, SUITE 101 Mailing Address 585 NORTH COURTENAY PARKWAY, SUITE 101 SECRETARY OF STATE MERRITT ISLAND FL 32997 MERRITT ISLAND FL 32907 TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number City & State City & State Applied For 03-0462345 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **B&C CORPORATE SERVICES OF CENT. FLA., INC.** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801 City 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 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$50.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY L02000014974 DOCUMENT # STREET ADDRESS COLONIAL PARK VILLAGE, LLC NAME 585 NORTH COURTENAY PARKWAY, SUITE 101 STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 328072 CITY-ST-ZIP DOCUMENT # P02000060975 STREET ADDRESS FLORIDA CRAFT PROPERTIES, INC. NAME 169 SUNNYSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 3UDO14376533 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZÎP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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

By: Colonial Park Village, LLC

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #