

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

DOCUMENT # A02000001560

1. Entity Name

LITTLE RIVERWALK OF FANNING SPRINGS, LTD.



**FILED**

03 APR -1 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2700-A NW 43rd Street

Suite, Apt. #, etc.

3. Mailing Address

2700-A NW 43rd Street

Suite, Apt. #, etc.

**DUE BY MAY 1**

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

33-1034657

Applied For

Not Applicable

Zip

32606

Country

Alachua

Zip

32606

Country

Alachua

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Charles I. Holden, Jr.

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

HOLDEN, RAPPENECKER AND EUBANK, P.A.

2772-S NW 43rd Street

City

Gainesville, FL 32606

**FL**

Zip Code

32606

**DO NOT WRITE  
IN THIS SPACE**

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

03-07-03

DATE

9. Capital Contributions

as Shown on record. \$60,600.00

10. Amount of Capital Contributions

in FLORIDA to date. \$60,600.00

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

DOCUMENT #	A02000001560	STREET ADDRESS	
NAME	WILLIAM D. OLINGER, III	CITY-ST-ZIP	400014082084 03/14/03-01025-005 **432.95
STREET ADDRESS	2700-A NW 43rd Street		
CITY-ST-ZIP	Gainesville, FL 32606		
DOCUMENT #		STREET ADDRESS	400014082084
NAME		CITY-ST-ZIP	04/01/03-01035-012 **30.00
STREET ADDRESS			
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CITY-ST-ZIP			

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IN THIS SPACE**

**M THOMAS**

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: ✓

William D Olinger, III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William D. Olinger, III

Date

3/4/03 (352) 373-3337

Daytime Phone #

CR2E003B (12/02)