

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

DOCUMENT # A02000001563

1. Entity Name

BUTLER POINTE PLAZA, LTD.



FILED

2003 FEB 28 AM 2:35

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 4141 Southpoint Dr. E. Suite, Apt. #, etc. Suite B City & State Jacksonville, FL Zip 32216 Country USA	3. Mailing Address 4141 Southpoint Dr. E. Suite, Apt. #, etc. Suite B City & State Jacksonville, FL Zip 32216 Country USA
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DUE BY MAY 1	
4. FEI Number 01-0754263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Gary D. Silverfield	
Street Address (P.O. Box Number is Not Acceptable) 4141 Southpoint Dr. E.	
Suite B	
City Jacksonville	FL Zip Code 32216

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 Gary D. Silverfield DATE 2/25/03

9. Capital Contributions as Shown on record. 1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,000,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME 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: Gary D. Silverfield Registered Agent DATE 2/25/03 DAYTIME PHONE # (904) 332-7099

CR2E003B (12/02)