

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02735**

1. Entity Name  
**DOWNTOWN LOCKHART, LTD.**



Principal Place of Business  
**380 S. SR 434, SUITE 1004-#114  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**380 S. SR 434, SUITE 1004-#114  
ALTAMONTE SPRINGS FL 32714**

FILED

2003 MAY -8 AM 10:47

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1595307</b>	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DRAKE, T. MICHAEL</b> <b>380 S. SR 434, SUITE 1004-#114</b> <b>ALTAMONTE SPRINGS FL 32714</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$18,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>18,000</b>	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>DRAKE, T MICHAEL</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>380 S. SR 434, SUITE 1004-#114</b>		<b>600018472396</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>		<b>05/08/03--01007--010 **214.75</b>
DOCUMENT #	<b>412002</b>	STREET ADDRESS	
NAME	<b>MCCAMMON, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>234 RIVER VILLAGE DR</b>		
CITY-ST-ZIP	<b>DEBARY FL 32713</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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]* **4/30/03** **407 682-7079**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0021049 FP

CR2E003 (10/02)

STAPLE CHECK HERE