

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021048 FP

DOCUMENT # A02818

1. Entity Name
SYLVAN PLAZA, LTD.

FILED

03 MAY -5 PM 7:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-1509079

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DRAKE, T. MICHAEL
380 S. SR 434 STE 1004-#114
ALTAMONTE SPRINGS FL 32714

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.

\$36,450.00

10. Amount of Capital Contributions
in FLORIDA to date.

36,450

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	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	DRAKE, T. MICHAEL	380 S. SR 434 STE 1004-#114	ALTAMONTE SPRINGS FL 32714
DOCUMENT #	412002	MCCAMMON, INC.	234 RIVER VILLAGE DR.
DOCUMENT #			DEBARY FL 32713
DOCUMENT #			
DOCUMENT #			
DOCUMENT #			
DOCUMENT #			
DOCUMENT #			
DOCUMENT #			

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

Date

Daytime Phone #

4/30/03

407 682 7078

CR2E003 (10/02)