

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A03299

1. Entity Name

HOLIFIELD ARMS APARTMENTS, LTD.

Principal Place of Business

2525 TEXAS STREET
TALLAHASSEE FL 32301

Mailing Address

4000-B ST. JOHNS AVENUE, SUITE 27
JACKSONVILLE FL 32205

FILED
02 APR 30 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-1450628

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

Capital Contributions
Shown on record.

\$12,325.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

HOLIFIELD, MARILYN J
C/O 701 BRICKELL AVE., 30TH FLOOR
MIAMI FL 33131

STREET ADDRESS
CITY-ST-ZIP

900005480589--1
-05/07/02-01024-006
****175.03 ****175.03

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

HOLIFIELD, EDWARD W
3868 LONGLEAF ROAD
TALLAHASSEE FL 30310

STREET ADDRESS
CITY-ST-ZIP

BK

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

AR - 86.28

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

ARSUPP - 86.75

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
ST ADDRESS
ST-ZIP

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: *Edward W. Holifield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02 (850)574-2792

Daytime Phone #

CR2E003 (9/01)