

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

APPROVE
AND
FILED

02 MAR 27 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A04772**

1. Entity Name

Karma Land Venture, Ltd.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14021 NW US HWY 441

3. Mailing Address

14021 NW US HWY 441

State, Apt., etc.

State, Apt., etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Alachua FL

City & State

Alachua FL

4. FID Number

59-1674303

Applies To

Not Applicable

Zip

32615

Country

Zip

32615

Country

5. Anticipation of State Expenses

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: **Lowell D. Chesborough**

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

14021 NW US HWY 441

City

Alachua

FL

Zip Code

32615

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.

SIGNATURE

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

Lowell D. Chesborough **3/22/02**

DATE

9. Capital Contributions
as shown on record.

\$511,409.68

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**Lowell D Chesborough
14021 NW US HWY 441
Alachua FL 32615**

STREET ADDRESS

CITY-ST-ZIP

000005183740--9

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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**04/02/02--01064--006
****535.00 ****535.00**

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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)(b), 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

Lowell D Chesborough **3/22/02**

Optional Phrase, if

STAPLE CHECK HERE

CR2E005B (12/01)