


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED
03 APR 18 AM 8:28.61
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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18.75
281.11

DOCUMENT # A04923		
1. Entity Name MACPINE APARTMENTS, LTD.		
Principal Place of Business P. O. BOX 1327 WAUCHULA FL 33873	Mailing Address P.O. BOX 1327 WAUCHULA FL 33873	



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1980087	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHEELER, GEORGE T 2646 BAILES RD. ZOLFO SPRINGS FL 33890			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					

9. Capital Contributions as Shown on record. \$26,235.00	10. Amount of Capital Contributions in FLORIDA to date.	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 #	WHEELER, JANICE P	STREET ADDRESS	
NAME	3711 OAK HILLS RANCH	CITY - ST - ZIP	
STREET ADDRESS	ZOLFO SPRINGS FL 33890	STREET ADDRESS	<i>BK</i>
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	500016239465
NAME		CITY - ST - ZIP	04/18/03--01024--019 **281.11
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DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *Janice P Wheeler* **4-15-03 863-375-2222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRZE003 (10/02)

SAMPLE CHECK HERE