

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000166 AV

DOCUMENT # **A06822**

1. Entity Name  
**TREETOP APARTMENTS, LTD.**



**FILED**  
**03 MAY -2 PM 6:25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**1002 W. 23RD ST. SUITE 400**  
**PANAMA CITY FL 32405**

Mailing Address  
**1002 W. 23RD ST. SUITE 400**  
**PANAMA CITY FL 32405**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1919831**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENRY, ROBERT F. III**  
**1002 W. 23RD ST.**  
**SUITE 400**  
**PANAMA CITY FL 32405**

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.

**\$360,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**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  
**CHAPMAN, JOSEPH F. III**  
**1002 W. 23RD ST., #400**  
**PANAMA CITY FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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CITY - ST - ZIP

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CITY - ST - ZIP

**500017913885**  
**05/02/03--01085--006 \*\*45187.26**

*[Handwritten Signature]*

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

*[Handwritten Signature: Joseph F. Chapman III]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/28/03**  
Date

**850/769-8851**  
Daytime Phone #

CR2E003 (10/02)