

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000147 A1

DOCUMENT # A06881

1. Entity Name

HICKORY KNOLL APARTMENTS, LTD.

FILED

02 MAY 10 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

3851 ORTEGA BLVD.  
JACKSONVILLE FL 32210

Mailing Address

3851 ORTEGA BLVD.  
JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

Post Office Box 130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg, FL

Zip

Country

32050-0130

Country

U.S.A.

DUE BY MAY 1, 2002

4. FEI Number

59-1847305

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDDLETON, GAIL C  
3851 ORTEGA BLVD.  
JACKSONVILLE FL 32210

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

DATE

9. Capital Contributions  
as Shown on record.

\$455,000.00

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 # G93188000186  
NAME WALTER J. COWART TRUST  
STREET ADDRESS 3851 ORTEGA BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32210

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # G93187000130  
NAME JAMES EDGAR COWART TRUST  
STREET ADDRESS 3851 ORTEGA BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32210

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # 366039  
NAME HIGHCO, INC.  
STREET ADDRESS 3851 ORTEGA BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32210

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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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)(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 #

CR2E003 (9/01)