


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000039 AT

DOCUMENT # A07609

1. Entity Name
HOLLEY GARDEN APARTMENTS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 26 PM 3: 32



Principal Place of Business 155 SABAL PALM DRIVE LONGWOOD FL 32779	Mailing Address 155 SABAL PALM DRIVE LONGWOOD FL 32779
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 59-2470109	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAJTAJ, STEVEN A.
155 SABAL PALM DRIVE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. \$1,189,932.00	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 #	NAME GRACE, PHILIP C	STREET ADDRESS	
	STREET ADDRESS 155 SABAL PALM DRIVE		
	CITY-ST-ZIP LONGWOOD FL 32779		
DOCUMENT #	NAME	STREET ADDRESS	500018298245
	STREET ADDRESS		05/06/03--01074--008 **535.00
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
	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: *Andrea Holcomb* **ANDREA Holcomb** 4/30/03 407-786-8822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CRZE003 (10/02)