

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006471 AT

DOCUMENT # A08744

1. Entity Name  
CONNIE JEAN VILLAGE, LTD.



FILED

03 MAY -2 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4315 PABLO OAKS CT.  
SUITE 1  
JACKSONVILLE FL 32224-9667

Mailing Address  
4315 PABLO OAKS CT.  
SUITE 1  
JACKSONVILLE FL 32224-9667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-2015780

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, DENISE L.  
9551 - 4 BAYMEADOWS ROAD  
JACKSONVILLE FL 32256

Name  
WALLACE, L DENISE

Street Address (P.O. Box Number is Not Acceptable)  
4315 PABLO OAKS COURT, SUITE 1

City JACKSONVILLE

FL

Zip Code 32224

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

*L. Denise Wallace*

L. Denise Wallace

4/22/03

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

DATE

9. Capital Contributions  
as Shown on record.

\$104,737.50

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  
STOKES, E. CHESTER JR.  
4315 PABLO OAKS CT., SUITE 1  
JACKSONVILLE FL 32224-9667

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200017915302  
05/02/03--01085--006 \*\*45187.28

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Chester Stokes, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Chester Stokes, Jr.

4/22/03

904/482-1100

Date

Daytime Phone #

CR2E003 (10/02)