2003

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A09288

1. Entity Name

Alden Pines, Ltd.

FILED
2003 JAN -7 AM 11:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14027 Clubhouse Drive
Suite, Apt. #, etc.
City & State: Pineland, Florida
Zip: 33945 Country: USA

3. Mailing Address
P. O. Box 324
Suite, Apt. #, etc.
City & State: Pineland, Florida
Zip: 33945 Country: USA

DUE BY MAY 1

4. FEI Number 59-2044080 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Barry K. Groves
Street Address (P.O. Box Number is Not Acceptable): 14346 Sandarac Drive, Box 324
City: Pineland FL Zip Code: 33945

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

9. Capital Contributions as Shown on record. 30,000

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

DOCUMENT #	549951
NAME	Alden Pines, Inc.
STREET ADDRESS	101 Main Street
CITY-ST-ZIP	~~Trenton KY~~
DOCUMENT #	
NAME	Ware, Robert F.
STREET ADDRESS	101 Main Street, Trenton, KY
CITY-ST-ZIP	
DOCUMENT #	
NAME	Groves, Barry
STREET ADDRESS	117 Hopkinsville, Trenton, KY
CITY-ST-ZIP	
DOCUMENT #	
NAME	Groves, Leigh
STREET ADDRESS	117 Hopkinsville, Trenton, KY
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	900059421159 01/07/03--01061--010 **298.75
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003B (12/01)

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: Barry Groves Gen Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

12-31-02
Date

(270) 466-5486
Daytime Phone #