

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 24 PM 2:44

DOCUMENT # **A09989**

1. Entity Name  
**FOREST PARK SOUTH, LTD.**



Principal Place of Business  
**28 W. CENTRAL BOULEVARD  
ORLANDO FL 32802**

Mailing Address  
**P. O. BOX 1089  
GREENVILLE SC 29601**



2. Principal Place of Business  
**1201 Third Ave., Ste 5400**

3. Mailing Address  
**1201 Third Ave., Ste 5400**

Suite, Apt. #, etc.  
**5400**

Suite, Apt. #, etc.  
**5400**

**DUE BY SEPTEMBER 24, 2003**

City & State  
**Seattle, WA**

City & State  
**Seattle, WA**

4. FEI Number **91-1174761**

Applied For  
Not Applicable

Zip  
**98101**

Country  
**USA**

Zip  
**98101**

Country  
**USA**

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

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

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. **\$560,550.00**

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 # **003001900021 003287700097**  
NAME **SECURITY PROPERTIES-'80**  
STREET ADDRESS **1201 3RD AVE #5400**  
CITY-ST-ZIP **SEATTLE WA 98101**

STREET ADDRESS

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 Required** Agent for Security

10/20/2003 206-622-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Properties -'80**

Date Daytime Phone #

CP2E003 (4/03)

0002839 MB

STAPLE CHECK HERE