

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -2 PM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A10728

1. Entity Name
SOUTHERN VILLAS OF MADISON, LTD.



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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-2233544

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

L. Denise Wallace

4/22/03

DATE

9. Capital Contributions
as Shown on record. \$69,453.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
STOKES, E CHESTER JR
4315 PABLO OAKS COURT, SUITE 1
JACKSONVILLE FL 32224-9667

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Chester Stokes, Jr. 4/22/03

904/482-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)