

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016643 AT

DOCUMENT # A13361

1. Entity Name
WEST ORANGE TOWNHOUSE LIMITED



FILED

03 MAY -2 PH 7:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
1311 SOUTH VINELAND ROAD
WINTER GARDEN FL 34787

Mailing Address
1311 SOUTH VINELAND ROAD
WINTER GARDEN FL 34787



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 59-2116198

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

DAVIS, ROBERT A
1311 S. VINELAND RD.
WINTER GARDEN FL 34787

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. \$300,000.00

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	DUEREN, WOLFGANG 1311 S VINELAND RD, WINTER GARDEN FL	STREET ADDRESS CITY-ST-ZIP	200017876782 05/02/03--01050--020 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, ROBERT 1311 S. VINELAND RD. WINTER GARDEN FL	STREET ADDRESS CITY-ST-ZIP	
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2.25.03 407.656.5594
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE