

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A13506

1. Entity Name  
PARK PLACE REALTY ASSOCIATES, LTD.



FILED

03 FEB -7 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4915 BAYMEADOWS RD  
JACKSONVILLE FL 32217

Mailing Address  
4915 BAYMEADOWS RD  
JACKSONVILLE FL 32217

2. Principal Place of Business  
401 Loring Ave  
Suite, Apt. #, etc.

3. Mailing Address  
40 Rental Office  
16301 Buccaneer Lane  
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
Orange Park, Florida  
Zip  
32504  
Country

City & State  
Houston, Texas  
Zip  
77062  
Country  
USA

4. FEI Number 59-2343796

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HANSEN LUCILLE M.  
4335 PLAZA GATE LANE, APT. 101  
JACKSONVILLE FL 32217

## 7. Name and Address of New Registered Agent

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

DATE

1-30-03

9. Capital Contributions as Shown on record. \$1,260,000.00

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BELCHER, KERRY K  
1600 REEF VIEW CIR.  
CORONA DEL MAR CA

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TODD, LEONARD C.  
1873 STEARNLEE AVE.  
LONG BEACH CA

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500011979665  
02/07/03--01037--016 \*\*526.25

M THOMAS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-30-03

0006419 AT

CR2E003 (10/02)

STAPLE CHECK HERE