

2002 UNIFORM BUSINESS REPORT (UBR)

0014312 AT

DOCUMENT # A14628
 1. Entity Name
SUNDANCE VILLAGE, LTD.

FILED
02 MAY -1 AM 11:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
5015 SOUTH FLORIDA AVENUE
SUITE 200
LAKELAND FL 33813

Mailing Address
P.O. BOX 5252
LAKELAND FL 33807

2. Principal Place of Business
500 S. Florida Ave
 Suite, Apt. #, etc.
700

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Lakeland FL

City & State

Zip
33801 Country
USA

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-2353278** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MCFARLANE, PETER A., P.A.
5015 SOUTH FLORIDA AVENUE
SUITE 215
LAKELAND FL 33813

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
500 S. Florida Ave
715
 City **Lakeland** FL Zip Code **33801**

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

9. Capital Contributions as Shown on record. **\$0.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	G93950 PROCO PROPERTIES, INC. 5015 S. FLORIDA AVE #200 LAKELAND FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	500 S. Florida Avenue, #700 Lakeland, FL 33801
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	700005556367--3 -05/17/02--01021--008 ***150.00 ***150.00
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 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]* **SIGNATURE REQUIRED** **4/30/02** **813 647 1581**
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (9/01)