

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020819 SP

DOCUMENT # **A14838**

1. Entity Name

**CRESCENT LAKES APARTMENTS LTD.**

FILED

02 FEB 18 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1365-R S.R. 206 EAST ST. AUGUSTINE FL 32086</b>	Mailing Address <b>1365-R S.R. 206 EAST ST. AUGUSTINE FL 32086</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2002</b>
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4. FEI Number <b>59-2405143</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent
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<b>HARRIS, J. ROGER 1365-R S.R. 206 EAST ST. AUGUSTINE FL 32086</b>
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7. Name and Address of New Registered Agent
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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.

SIGNATURE <i>Jim R. Harris</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>2/16/2002</b>
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9. Capital Contributions as Shown on record. <b>\$95.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>95.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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
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DOCUMENT #	<b>HARRIS, J. ROGER</b>
NAME	<b>1365-R S.R. 206 EAST</b>
STREET ADDRESS	<b>ST. AUGUSTINE FL 32086</b>
CITY-ST-ZIP	
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
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STREET ADDRESS	
CITY-ST-ZIP	<b>100004991371--7</b>
STREET ADDRESS	<b>-02/22/02--01065--009</b>
CITY-ST-ZIP	<b>****150.00 ****150.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
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: <i>Jim R. Harris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	DATE <b>2/18/2002</b> <small>Daytime Phone # <b>(904) 794-0649</b></small>
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CF2E003 (9/01)

STAPLE CHECK HERE