

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A16007**

1. Entity Name
MAGNOLIA PROPERTIES OF PENSACOLA - III, LTD.



FILED

03 OCT 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2280 NORTH NINTH AVENUE
PENSACOLA FL 32503**

Mailing Address
**2280 NORTH NINTH AVENUE
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number **59-2503211**

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

WHIBBS, VINCENT J JR.

105 E. GREGORY STREET

PENSACOLA FL 32503

Name

Street Address (P.O. Box Number is Not Acceptable)

10/28/03--01088--001 **367.50

300024219613

City

10/28/03--01088--001 FL **367.50

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, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. **\$60,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **Ø**

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 # **K73943**
NAME **GRAND OAK VILLAS, INC.**
STREET ADDRESS **2280 N. 9TH AVENUE**
CITY-ST-ZIP **PENSACOLA FL**

STREET ADDRESS

CITY-ST-ZIP

300024219613

10/28/03--01088--002 **541.25

DOCUMENT #
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JC Boyd 9-23-03

Date Daytime Phone #

CR2E003 (4/03)

0003219 MB