

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006564 AT

DOCUMENT # A16011

1. Entity Name  
PICKWICK APARTMENTS, LTD.



FILED  
03 JAN 28 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
POST OFFICE BOX 47050  
3740 BEACH BLVD.  
JACKSONVILLE FL 32247

Mailing Address  
POST OFFICE BOX 47050  
3740 BEACH BLVD.  
JACKSONVILLE FL 32247



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-2388006

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

DEMETREE, JACK C.  
3740 BEACH BLVD.  
SUITE 300  
JACKSONVILLE FL 32207

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

DATE

9. Capital Contributions  
as Shown on record.

\$262,000.00

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 # L98000003512  
NAME JCD PICKWICK, L.L.C.  
STREET ADDRESS 3740 BEACH BLVD., #300  
CITY-ST-ZIP JACKSONVILLE FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # L98000003513  
NAME WCD PICKWICK, L.L.C.  
STREET ADDRESS 3740 BEACH BLVD., #300  
CITY-ST-ZIP JACKSONVILLE FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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000011124990  
01/28/03--01032--004 \*\*\$35.00

*[Handwritten Signature]*

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: *[Handwritten Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/23/03 904/398-7350  
Date Daytime Phone #

CR2E003 (10/02)