

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A17646**

1. Entity Name
OAKLEIGH ASSOCIATES, LTD.



FILED

03 SEP -8 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**41 N BELTLINE HWY
3RD FLOOR. COLONIAL BANK. CENTRE
MOBILE AL 36608**

Mailing Address
**P.O. BOX 160306
MOBILE AL 36616**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number **63-0882195**

Applied For

Not Applicable

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

**CAMPUS, JOSEPH J III
3298 SUMMIT BLVD #18
PENSACOLA FL 32503-4350**

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 *Joseph J III Campus*
Signature, typed or printed name of registered agent and title, if applicable.

9/3/03
DATE

9. Capital Contributions
as Shown on record. **\$4,050,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$4,050,000.00**

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 # **GP9800001084**
NAME **MITCHELL EQUITIES**
STREET ADDRESS **3298 SUMMIT BLVD #18**
CITY-ST-ZIP **PENSACOLA FL 32503-4350**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800022832758
09/08/03--01098--008 **926.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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 920, Florida Statutes.

SIGNATURE:

Joseph J III Campus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/4/03 251-380-2929
Date Daytime Phone #

CR2E003 (4/03)

0003257 MB