

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19014**



1. Entity Name  
**SMOKEWOOD REALTY ASSOCIATES I LIMITED PARTNERSHIP**

**FILED**  
03 MAR 25 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
% 215 NORTH EOLA DRIVE  
ORLANDO FL 32801

Mailing Address  
% 215 NORTH EOLA DRIVE  
ORLANDO FL 32801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **05-0415007**  
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

**FILDES, RICHARD J**  
**% LOWNDES, DROSDRICK, DOSTER ET AL**  
**215 N. EOLA DR.**  
**ORLANDO FL 32802**

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

9. Capital Contributions as Shown on record. **\$400.00**

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 # **G46246**  
NAME **PICERNE DEVELOPMENT CORPORATION OF FLORIDA**  
STREET ADDRESS **1000 N. ORLANDO AVENUE**  
CITY-ST-ZIP **WINTER PARK FL**

STREET ADDRESS  
CITY-ST-ZIP  
**000014693030**  
**03/25/03--01085--021 \*\*141.25**

DOCUMENT #  
NAME **PICERNE, ROBERT M**  
STREET ADDRESS **1000 N. ORLANDO AVENUE**  
CITY-ST-ZIP **WINTER PARK FL**

STREET ADDRESS  
CITY-ST-ZIP

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**M THOMAS**

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: **ROBERT M. PICERNE** **2/14/03** **407-772-0200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #