

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED

03 APR 18 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A19095**

1. Entity Name
FERNANDINA BEACH RRH, LTD.



Principal Place of Business
**11635 NW 1ST AVE.
GAINESVILLE FL 32607**

Mailing Address
**11635 NW 1ST AVE.
GAINESVILLE FL 32607**



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 **59-2789964**

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

**CURTIS, JOHN M.
11635 N.W. 1ST AVENUE
GAINESVILLE FL 32607**

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. **\$0.00**

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 #	TURNERY, HENRY E. 13504 NW 56TH AVE. GAINESVILLE FL	STREET ADDRESS	400016954084 04/24/03--01033--035 **150.00
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	GRAY, STEVEN H. 125 NE 1ST AVE. #1 OCALA FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	G91210000109 TRI-COUNTY BUILDERS CO. 11635 NW 1 AVE GAINESVILLE FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			

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: John M. Curtis 04/14/03 352-332-0838
Partner, Tri-County Builders Co., not inc.
The General Partner

CR2E003 (10/02)

SIAPFL CHECK ITEM