

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018825 AB

DOCUMENT # A19313

1. Entity Name  
MONTEREY MEADOWS LIMITED PARTNERSHIP



FILED  
03 MAY -6 PM 7:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
C/O MCKINLEY ASSOCIATES, INC.  
320 N. MAIN STR., SUITE 200  
ANN ARBOR MI 48104

Mailing Address  
C/O MCKINLEY ASSOCIATES, INC.  
320 N. MAIN STR., SUITE 200  
ANN ARBOR MI 48104



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number 38-2965366

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

GARY KALEITA  
LOWNDES, DROSDICK, DOSTER, KANTOR & REED  
215 N. EOLA DR./P.O. BOX 2809  
ORLANDO FL 32802-2809

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. \$702,845.00

10. Amount of Capital Contributions in FLORIDA to date. \$ 702,845

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 # P18494  
NAME MCKINLEY ASSOCIATES, INC  
STREET ADDRESS 320 N. MAIN STR., #200  
CITY-ST-ZIP ANN ARBOR MI

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME WEISER, RONALD  
STREET ADDRESS 320 N. MAIN STREET, #200  
CITY-ST-ZIP ANN ARBOR MI

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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 620, Florida Statutes

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Telma Bottery 4/23/03  
Secretary

Date

Daytime Phone #

CR2E003 (10/02)