

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000666 AT

DOCUMENT # A19891

1. Entity Name
ALBANY PLACE '85, LTD.



Principal Place of Business
1336 SEA MARSH COVE
AMELIA ISLAND FL 32034

Mailing Address
1336 SEA MARSH COVE
AMELIA ISLAND FL 32034

FILED

03 MAR -3 AM 11:32



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 59-2527807

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

ASBURY, LLOYD T
214 N. CLAY ST.
JACKSONVILLE FL 32202

Name Tom Asbury
Street Address (P.O. Box Number is Not Acceptable)
6440 Southpoint Parkway
Suite # 180
City Jacksonville FL Zip Code 32216

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

2-25-03

DATE

9. Capital Contributions as Shown on record. \$1,875,000.00

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 #
NAME SMITH, LLOYD III
STREET ADDRESS 1336 SEA MARSH COVE
CITY-ST-ZIP AMELIA ISLAND FL 32034

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME WEDEKIND, LEE D. JR.
STREET ADDRESS 1336 SEA MARSH COVE
CITY-ST-ZIP AMELIA ISLAND FL 32034

STREET ADDRESS
CITY-ST-ZIP

700013344197
03/03/03 01000 010 **526.25

DOCUMENT # 687843
NAME LLOYD SMITH III AND ASSOCIATES
STREET ADDRESS 1336 SEA MARSH COVE
CITY-ST-ZIP AMELIA ISLAND FL 32034

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

THOMAS

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 620, Florida Statutes

SIGNATURE: *[Signature]* General Partner 2/15/03 (904) 261-1092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE