

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007270 AT

DOCUMENT # **A20086**

1. Entity Name
CHARLTON COURT LTD.

02 APR 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5000 NW 27TH COURT SUITE E GAINESVILLE FL 32606	Mailing Address 5000 NW 27TH COURT SUITE E GAINESVILLE FL 32606
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-2543843	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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DUE BY MAY 1, 2002

Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SABIS, WILLIAM R.
5000 N.W. 27TH CT.
SUITE E
GAINESVILLE FL 32606**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$177,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	SABIS, WILLIAM R. 5000 NW 27TH CT., STE E GAINESVILLE FL	STREET ADDRESS	400005395654--2 -04/30/02--01081--012 ****535.00 ****535.00
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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: **SABIS** **SIGNATURE REQUIRED** **4/18/02** (352) 372-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)