

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019786 AB

**DOCUMENT # A21188**

1. Entity Name  
**DEER CHASE ASSOCIATES, LTD.**

**FILED**  
02 MAR 11 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 7321 SHADELAND STATION, #220 INDIANAPLOIS IN 46256	Mailing Address 7321 SHADELAND STATION, #220 INDIANAPLOIS IN 46256
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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**DUE BY MAY 1, 2002**

4. FEI Number 35-1654002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBBINS, DEBORAH A**  
4400 N.W. 6TH STREET  
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

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.

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

9. Capital Contributions as Shown on record. <b>\$1,427,500.00</b>	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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>B9700000137</b> <b>MARK III DEVELOPMENT GROUP, LTD.</b> 7321 SHADELAND STATION, #220 INDIANAPLOIS IN 46256
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600005108426--1</b>
CITY-ST-ZIP	<b>05/14/02--01057--021</b> <b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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: *Charles D. Pechette* **CHARLES D. PECHETTE** 1/10/2002 317-579-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)