

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A21816	
1. Entity Name DEER POINTE OF TALLAHASSEE, LTD.	

Principal Place of Business 4332 CAPITAL CIRCLE, N.W. TALLAHASSEE, FL 32303	Mailing Address 4332 CAPITAL CIRCLE, N.W. TALLAHASSEE, FL 32303
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2003 MAY 14 PM 3:51
**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



4. FEI Number 59-2791135		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BUTLER, NEIL H 2708 O'HARA COURT TALLAHASSEE, FL 32308		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and date if applicable)

9. Capital Contributions as Shown on record. \$717,200.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # L49196	NAME DEER POINTE OF TALLAHASSEE, INC.	STREET ADDRESS	
STREET ADDRESS 4223 CAPITAL CIRCLE, NW		CITY - ST - ZIP	
CITY - ST - ZIP TALLAHASSEE, FL 32303			
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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: *William D. Myrdal* **4-30-03** **850-562-1022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)