

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000625
AV

DOCUMENT # **A23659**

1. Entity Name
SUNFLOWER TRAIL ESTATES, LTD.



Principal Place of Business
ATTN: GEROGE T. EIDSON, JR.
255 S. ORANGE AVE., STE. 1000
ORLANDO FL 32801

Mailing Address
P.O. BOX 231
ORLANDO FL 32802-0231

FILED

2003 JAN 24 PM 1:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number **59-2766201**

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

EIDSON, GEORGE T., JR.
CITRUS CENTER
255 S. ORANGE AVE., STE. 1000
ORLANDO FL 32802

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.

\$2,629,046.63

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 **EIDSON, GEORGE T. JR.**
STREET ADDRESS **2414 E. CENTRAL BLVD.**
CITY-ST-ZIP **ORLANDO FL**

STREET ADDRESS **255 S. ORANGE AVENUE, Suite**
CITY-ST-ZIP **ORLANDO, FL 32802 1000**

DOCUMENT #
NAME **MCGOVERN, MICHAEL**
STREET ADDRESS **65 MARYANNA DR NE**
CITY-ST-ZIP **ATLANTA GA**

STREET ADDRESS
CITY-ST-ZIP **300010704883**
01/24/03--01103--013 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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 of George T. Eidson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/7/03

407-843-7860

Date

Daytime Phone #

CR2E003 (10/02)