

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23874**

1. Entity Name
OLDE TIMES SQUARE, LTD.



Principal Place of Business
**4890 W. KENNEDY BLVD., STE-850-
TAMPA FL 33609-1863**

Mailing Address
**4890 W. KENNEDY BLVD., STE-850-
TAMPA FL 33609-1863**

FILED
03 MAY -5 PM 5:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc. SUITE 920		Suite, Apt. #, etc. SUITE 920			
City & State		City & State		4. FEI Number 59-2761201	Applied For
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRAY, JACK H 4890 W. KENNEDY BLVD., STE-850 TAMPA FL 33609-1863		Name Street Address (P.O.) F & L Corp. The Greenleaf Building 200 Laura Street City Jacksonville, FL 32202-3510	
8. The above named entity submits this statement for the purpose of char F&L Corp the obligations of registered agent. By: R.J. Wolfe, V.P. 4/28/03			
SIGNATURE <i>[Signature]</i>		DATE	

9. Capital Contributions as Shown on record. \$13,692,144.00	10. Amount of Capital Contributions in FLORIDA to date. 4,593,936	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 # J47194	NAME RICHLAND PROPERTIES, INC	STREET ADDRESS SUITE 920	
NAME	STREET ADDRESS 4890 W. KENNEDY BLVD., STE-850	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP TAMPA FL 33609-1863		
CITY-ST-ZIP			
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STREET ADDRESS	CITY-ST-ZIP		
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]* **4-25-03 (813) 286-4140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)