


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013363 AT

DOCUMENT # A23875

1. Entity Name
BERKELEY MANOR, LTD.



FILED

03 MAY -6 PM 8:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SUITE 920		Suite, Apt. #, etc. SUITE 920	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-2761204	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAY, JACK H
~~4890 W. KENNEDY BLVD., STE. 850~~
TAMPA FL 33609-1863

7. Name and Address of New Registered Agent

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 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.

F&L Corp
By: R.J. Wolfe, V.P. 4/28/03

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

9. Capital Contributions as Shown on record. \$3,558,792.00	10. Amount of Capital Contributions in FLORIDA to date. 3,344,382	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	
DOCUMENT #	J47194
NAME	RICHLAND PROPERTIES, INC
STREET ADDRESS	4890 W. KENNEDY BLVD., STE. 850
CITY-ST-ZIP	TAMPA FL 33609-1863
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	SUITE 920
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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: *R. J. Wolfe* **REQUIRE TO VP of Corp** Date **4-24-03** Daytime Phone # **(813) 286-4140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003 (10/02)