## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HEME

DOCUMENT # A25047  1. Entity Name PARK RESERVE, LTD.							O3 HAY -2 PH 7: 53  SECRETARY OF STATE TALLAHASSEE FLORIDA				
Principal Plac 4890 W. KENN TAMPA FL 336	iedy blvd <del>ste. (</del>	350-	Mailing Address 4890 W. KENNEDY BLVDSTE. 850 - TAMPA FL 33609-1863						•		
2. Principal P	Place of Business		3. Mailing Address								
Suite, Apt.	#, etc. SUITE	920	Suite, Apt. #, etc SUITE 92D				DUE BY MAY 1, 2003				
City & Stat		, , ,	City & State			4. FEI Numbe	59-2835558		Applie	ed For	
Zip Country			Zip	Country		5. Certificate	of Status Desired		75 Addition		
	6. Name and	Address of Current R	egistered Agent			7. Name and	Address of New Re	<del></del>			
	CK H Kennedy Blvd L 33609-1863	., <del>STE. 850</del>			Street Address F & L. Corp. The Greenleaf Building 200 Laura Street						
					City	Jacksonvill	e, FL 32202	-3510	de		
8. The above the obligat	ROLLY	agent.			V.P. 4/28/0	_	n, in the State of Flori		ar with, and	accept	
9. Capital Co		ted name of registered agent an	d title it applicable.  10. Amount of Capita in FLORIDA to da	l Contrib	outions .		11. MAKE CHECK	PAYABLE TO F	L. DEPT. OF	STATE	
as Shown	on record.	2,797,937.00					SEE REVERSE	SIDE FOR FEE		,	
			IAT IS A BUSINESS EN' 'NOT be changed on th							1	
12.		GENERAL PARTNER	INFORMATION	13.			ADDRESS CHA	NGES ONLY			
DOCUMENT # NAME STREET ADDRESS	4890 W. KENN	operties, inc iedy blvd., <del>ste. s</del>	<del>50-</del>	1	ET ADDRESS	SUITE	920		<u> </u>		
CITY-ST-ZIP  DOCUMENT	TAMPA FL 336	609-1863		-							
NAME STREET ADDRESS CITY-ST-ZIP				ł	-ST-ZIP	- 80) 	001791 3-01106-1	3518 ) <del>   **</del>   \$	1 70.00		
DOCUMENT #			<del></del>	. STRE	ET ADDRESS			<del></del>			
STREET ADDRESS CITY-ST-ZIP		. <u>.                                   </u>		CITY	-ST-ZIP						
DOCUMENT # NAME				STRE	ET ADDRESS	, 			·		
STREET ADDRESS . CITY-ST-ZIP				CITY-	-ST-ZIP						
DOCUMENT # NAME				STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP						
DOCUMENT # NAME				STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	 			CITY-	-ST-ZIP						
14. I hereby of indicated	certify that the info on this report is tr	rmation supplied with the ue and accurate and the	his filing does not qualify for nat my signature shall have ti	the exer	nption stated in legal effect as	Section 119.07(3)(i) if made under oath;	i, Florida Statutes. I f that I am a General I	urther certify th Partner of the li	at the inforr mited partn	nation ership or	

SIGNATURE: Allian)