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SECRETARY OF STATE TABLAHASSEE, FLORIDA

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A25179 **DOCUMENT#** 

Entity Name
 VILLAGE WALK OF ZEPHYRHILLS, LTD.



Principal Place of Busines: 20721 SW 46TH AVENUE
NEWREDRY EL 32669

Mailing Address 20721 SW 46TH AVENUE NEWBERRY FL 32669

2.	Principal Place of Business

City & State

Zip

3. Mailing Address

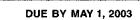
Suite, Apt. #, etc.	S

Country

Suite, Apt. #, etc.

Zip

Country



4. FEI Number 59-2838710

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

DAVIS, NORITA 20721 SW 46TH AVE **NEWBERRY FL 32669** 

Name	

Street Address (P.O. Box Number is Not Acceptable)

City

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.

9. Capital Contributions as Shown on record.

\$362,500.00

10. Amount of Capital Contributions in FLORIDA to date

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

DATE

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	DAVIS, RONNIE C	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	20721 SW 46TH AVENUE NEWBERRY FL 32669	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	500015036355 04/01/0301069032 **535.00
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DOCUMENT # NAME		STREET ADDRESS	
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:

CR2E003 (10/02)