2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

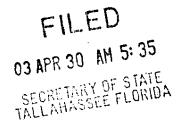
DOCUMENT #	A25594

1. Entity Name

WINTER HAVEN OAKS, LTD.

Principal Place of Business
6160 SO. SYRACUSE WAY
COCENNACIO VILLAGE CO SOLLI

Mailing Address 6160 SO. SYRACUSE WAY GREENWOOD VILLAGE CO 80111



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2. Principal P	Place of Business	3.	3. Mailing Address			74/2	_							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DUE BY MAY 1, 2003							
City & Stat	e	C	City & State			<b>4</b> . F	4. FEI Number 65-0023338						e	
Zip	Country	Ž	Zip	Count	try	<b>5.</b> C	5. Certificate of Status Desired See Required							
	6. Name and Address	s of Current Regist	tered Agent			7. N	lame and A	ddress of	New Reg	istered Ag	ent		コ	
CORPORATION SERVICE COMPANY					Name									
1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)									
TALLAHAS	SSEE FL 32301-2525												٦	
					City					FL	Zip C	Code	1	
	named entity submits this ions of registered agent.	statement for the p	urpose of changing its	registere	ed office or regis	stered age	ent, or both,	in the State	e of Floric	la. I am far	niliar w	ith, and accept		
	- •													
SIGNATURE	Signature, typed or printed name of	registered agent and title if	applicable.				· ·			DATE				
9. Capital Contributions \$2,844,797.21 10. Amount of Capital Cin FLORIDA to date					ontributions  11. MAKE CHECK PAYABLE TO FL. DEPT. OF SEE FIEVERSE SIDE FOR FEE INFORMATION									
	A GENERAL F NOTE: General P	PARTNER THAT I	S A BUSINESS ENT T be changed on th	TITY MU e form;	UST BE REGI ; an amendm	STEREI	D AND AC	TIVE WIT	HTHIS e a gen	OFFICE. eral partn	er.		7	
12.	GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY							$\exists$	
DOCUMENT # NAME	F9300004837 CHATEAU COOMUNITIES, INC.  6160 SO. SYRACUSE WAY GREENWOOD VILLAGE CO 80111			STREE	ET ADDRESS								10/02	
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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:** 

Daytime Phone #