


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED 146 25
03 APR -8 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A25714

1. Entity Name
OAK MEADOWS ESTATES ADDITION, LTD.



Principal Place of Business
**208 W ALAMO DR
LAKELAND FL 33813-1503**

Mailing Address
**PO BOX 5400
LAKELAND FL 33807-5400**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-2860525**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARPER, ROBERT F. III
208 W ALAMO DR
LAKELAND FL 33813-1503**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9000015482899

04/08/03--01077--007 **141.25

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$400.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

**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 #	G99099900008
NAME	SUMMITT PROPERTIES
STREET ADDRESS	208 W ALAMO DR
CITY-ST-ZIP	LAKELAND FL 33813-1503
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  **3/31/03** **863-647-5554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **DATE** **Daytime Phone #**

STAPLE CHECK HERE

CR2E003 (10/02)