

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008444 AT

DOCUMENT # A26520

1. Entity Name  
EW FLORIDA INVESTMENTS, LTD.



FILED  
45503 APR 29 PM 6:09  
\$526.25  
OFFICE OF THE CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8100 CHANCELLOR DRIVE, SUITE 145  
ORLANDO FL 32809

Mailing Address  
8100 CHANCELLOR DRIVE, SUITE 145  
ORLANDO FL 32809



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2938943

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPOONHOUR, JAMES  
215 N. EOLA DR.  
ORLANDO FL 32801

Name

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

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. \$25,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # H76647  
NAME EW REAL ESTATE CORPORATION  
STREET ADDRESS 4200 NORTHSIDE PARKWAY, NW  
CITY-ST-ZIP ATLANTA GA 30327

STREET ADDRESS

CITY-ST-ZIP

500017328795  
04/29/03--01082--034 \*\*526.25

DOCUMENT #  
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CITY-ST-ZIP

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-23-2003

404-2330204

Date

Daytime Phone #

CR2E003 (10/02)