

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27563**

1. Entity Name  
**CRESCENT NURSERYFIELDS, LTD., LLLP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL -7 PM 2:28

Principal Place of Business  
**2970 HARTLEY RD #302  
JACKSONVILLE FL 32257**

Mailing Address  
**2970 HARTLEY RD #302  
JACKSONVILLE FL 32257**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-2924530**

Applied For

Not Applicable

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

**SKINNER, RUSSELL R  
2970 HARTLEY RD #302  
JACKSONVILLE FL 32257**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$386,074.57**

10. Amount of Capital Contributions  
in FLORIDA to date.

**0**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SKINNER, BRYANT B JR.  
2970 HARTLEY RD #302  
JACKSONVILLE FL 32257**

STREET ADDRESS

CITY-ST-ZIP

**500018565795**  
**07/07/03 01022 034 \*\*52.50**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SKINNER, RUSSELL R  
2970 HARTLEY RD #302  
JACKSONVILLE FL 32257**

STREET ADDRESS

CITY-ST-ZIP

**500018565795**  
**05/09/03 01044 027 \*\*98.75**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**Russell R. Skinner 4/25/03**

Date

Daytime Phone #

CP2E003 (10/02)

0000018 AV