

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018950 MB

DOCUMENT # A28065

1. Entity Name
**INDEPENDENCE COURT OF ORMOND BEACH ASSOCIATES, L
TD.**



FILED

03 MAY -5 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**PERIDOT PLACE/INDEPENDENCE COURT
535 N. NOVA RD.
ORMOND BEACH FL 32174**

Mailing Address
**PERIDOT PLACE/INDEPENDENCE COURT
311 CASTLE SHANNON BLVD.
PITTSBURGH PA 15234**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-2932803**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ANSBACHER, LEWIS
5150 BELFORT ROAD, BLDG. 100
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent
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. **\$1,211,921.00**

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 # | F9600004992 |
| NAME | PERIDOT ENTERPRISES, INC. |
| STREET ADDRESS | 311 CASTLE SHANNON BLVD. |
| CITY-ST-ZIP | PITTSBURGH PA 15234 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--------------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 088817921230 |
| CITY-ST-ZIP | 05/05/03--01003--023 **535.00 |
| STREET ADDRESS | |
| 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: *Robert C. Lohr* **SIGNED** **Robert C. Lohr** 4/28/03 412-341-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)