

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014683 AT

DOCUMENT # A28196

1. Entity Name
BLUE HERON GROVES, LTD.



FILED

03 APR 28 AM 11:26

Principal Place of Business
2060 80 FOOT RD
BARTOW FL 33830

Mailing Address
~~2060 80 FOOT RD~~
BARTOW FL 33830

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
215 Orangeview Lane

3. Mailing Address
Same

Suite, Apt. #, etc.
Apt. # F-11

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-2941463

Applied For
Not Applicable

Zip
33803

Country
POLK

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

HALL, W. GARVE

~~2060 80 FOOT RD~~ 215 Orangeview Lane, F-11
~~BARTOW FL 33830~~ Lakeland, FL 33803

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

DATE

9. Capital Contributions
as Shown on record. \$12,112,500.00

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 # P98000095900
NAME CITRUS CREEK, INC.
STREET ADDRESS 2060 EIGHT FOOT ROAD
CITY-ST-ZIP BARTOW FL 33831

STREET ADDRESS

CITY-ST-ZIP

400017121204
04/28/03--01017--001 **526.25

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STREET ADDRESS
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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

4/22/03 (863) 644-3081
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE