


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008718 AT

**DOCUMENT # A28479**

1. Entity Name  
**LABELLE COMMONS, LTD.**



FILED

03 APR 16 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
**5505 N. ATLANTIC AVE., #115  
COCOA BEACH FL 32931**

Mailing Address  
**5505 N. ATLANTIC AVE., #115  
COCOA BEACH FL 32931**



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 <b>59-2950805</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MCPHILLIPS, JACQUELINE**  
**5505 N. ATLANTIC AVE., #115**  
**COCOA BEACH FL 32931**

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. <b>\$253,880.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>253,880.00</b>	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	<b>DEHARDER, ROBERT</b>
NAME	<b>5505 N. ATLANTIC AVE., #115</b>
STREET ADDRESS	<b>COCOA BEACH FL 32931</b>
CITY-ST-ZIP	
DOCUMENT #	<b>MCPHILLIPS, FRANCIS</b>
NAME	<b>5505 N. ATLANTIC AVE., #115</b>
STREET ADDRESS	<b>COCOA BEACH FL 32931</b>
CITY-ST-ZIP	
DOCUMENT #	<b>FRAZIER, JOHN</b>
NAME	<b>5505 N. ATLANTIC AVE., #115</b>
STREET ADDRESS	<b>COCOA BEACH FL 32931</b>
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	<b>700016102557</b>
CITY-ST-ZIP	<b>04/16/03-01025-005 **535.00</b>
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:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **4-9-03** **351-299-4090**

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)