

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015405 AT

DOCUMENT # **A28888**

1. Entity Name  
**ALAGOLD COMMUNITIES, LTD., L.L.P.**



FILED

03 JAN 21 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**9751 WEST TERRY STREET  
BONITA SPRINGS FL 34135**

Mailing Address  
**P.O. BOX 2448  
BONITA SPRINGS FL 34133-2448**

2. Principal Place of Business  
**9751 WEST TERRY ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 2448**  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State  
**BONITA SPRINGS, FL**  
Zip  
**34135** Country  
**USA**

City & State  
**BONITA SPRINGS, FL**  
Zip  
**34133-2448** Country  
**USA**

4. FEI Number **65-0157105**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDMAN, ALAN H  
9751 WEST TERRY STREET  
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name

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

City

**900010404029**  
**01/21/03 01111 010 \*1535.00**  
**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. **\$950,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **950,000**

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 # **P17901**  
NAME **ALAGOLD CORPORATION**  
STREET ADDRESS **1920 SOUTH COURT STREET**  
CITY-ST-ZIP **MONTGOMERY AL**

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: \_\_\_\_\_

**ALAN H. GOLDMAN** **01-08-2003**

**239-495-2000**

ON BEHALF OF ALAGOLD CORPORATION - GENERAL PARTNER

CR2E003 (10/02)