## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT#	A2	9514

1. Entity Name ATLANTIC OAKS PARTNERS, LTD.



Principal Place of Business

Mailing Address

FILED 03 APR 14 PM 2: 36 SECATIANT OF STATE TAIL AND SEE FLORIDA

	551 SANDSPUR ROAD % BROAD & CASSEL  MAITLAND FL 32751 P.O. BOX 4961  ORLANDO FL 32802-4961										
2. Principal Place of Business			3. Mailing Address				OLBI OLDIL BIELI				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DUE BY MAY 1, 2003						
City & State City & State				4. FEI Number 59-2985767			Applied For Not Applicable				
Zip	Cou	intry	Zip	Cour	ntry	5. Certifica	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
B & C CORPORATE SERVICES OF CENTRAL					Name						
FLORID					Street Address (P.O. Box Number is Not Acceptable)						
	TH ORANGE AVE	, #1100			·				<del></del>		
	FL 32801				<u> </u>	<del>-</del>			,		
					City			FL	Zip Code		
the obligat	ions of registered a	gent.		ng its register	ed office or regis	stered agent, or b	ooth, in the State of Florid		niliar with, and accept		
0.0: :: 10:	Signature, typed or printer	name of registered agent an	nd title if applicable.	2 10 10			Ter search autor	DATE	EL DEST DE OTITE		
9. Capital Contributions as Shown on record. \$1,192,043.00 In FLORIDA to date				butions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE   SEE REVERSE SIDE FOR FEE INFORMATION							
							ACTIVE WITH THIS led to change a gen		er.		
12. GENERAL PARTNER INFORMATION			13.			ADDRESS CHAN	IGES ONLY				
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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 his report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE:

SIGNATURE:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #