

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005963 AT

DOCUMENT # A30037
 1. Entity Name
MAPLEWOOD MOBILE ESTATES, LTD.



FILED
 03 JUN 11 PM 2:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**5120 RIVERSIDE DRIVE
 DAYTONA BEACH FL 32127**

Mailing Address
**5120 RIVERSIDE DRIVE
 DAYTONA BEACH FL 32127**



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 **59-3012599**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CLARK, DOUGLAS J.
5120 RIVERSIDE DRIVE
DAYTONA BEACH FL 32127

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

JAN 14 2003

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. **\$2,208,000.00**

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 # | K65799 |
| NAME | MRC BUILDERS, INC. |
| STREET ADDRESS | 5120 RIVERSIDE DRIVE |
| CITY-ST-ZIP | DAYTONA BEACH FL |
| 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 | 300017096713 |
| CITY-ST-ZIP | 04/25/03--01047--003 **526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | NSK |
| 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**

Date: **1-9-03** Daytime Phone #: **386-767-0350**

CR2E003 (10/02)