


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A30935

1. Entity Name
STRONG PROPERTIES, LTD.



FILED

03 JAN 15 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O DAVID C. STRONG P.O. BOX 276 WINTER PARK FL 32790	Mailing Address C/O DAVID C. STRONG P.O. BOX 276 WINTER PARK FL 32790
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number 59-3045148	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

**STRONG, DAVID C.
300 VIRGINIA DRIVE
WINTER PARK FL 32789**

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. \$4,950.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	13. ADDRESS CHANGES ONLY
DOCUMENT # S19552 NAME HBL PROPERTIES, INC. STREET ADDRESS 300 VIRGINIA AVE CITY-ST-ZIP WINTER PARK FL 32789	STREET ADDRESS _____ CITY-ST-ZIP _____
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M THOMAS

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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 this report as required by Chapter 620, Florida Statutes

SIGNATURE: *David C. Strong* **STRONG, DAVID C.** **10 JAN 2003** **(386) 441-4419**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)