

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31439**

1. Entity Name
BRIARWOOD GARDEN APARTMENTS, LTD.



Principal Place of Business
**475 HARRISON AVE., STE. 203-D
PANAMA CITY FL 32401**

Mailing Address
**C/O FLORIDA MANAGEMENT ASSOCIATES, INC.
P.O. DRAWER 610
MONTICELLO FL 32344-0610**

FILED
03 MAR 18 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
460 HARRISON AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
PANAMA CITY, FL

City & State

4. FEI Number **59-1996876**

Applied For

Not Applicable

Zip **32401** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAIRCLOTH, CHARELS E.
475 HARRISON AVE., STE. 203-D
PANAMA CITY FL 32401**

Name

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

City **PANAMA CITY**

FL

Zip Code

32401

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. **\$300.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **S21659**
NAME **BRIARWOOD GDN APTS. CORP**
STREET ADDRESS **475 HARRISON AVE., STE. 203-D**
CITY-ST-ZIP **PANAMA CITY FL 32401**

STREET ADDRESS **460 HARRISON AVE**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0006992 AT