

2002 UNIFORM BUSINESS REPORT (UBR)

0006300 A1

DOCUMENT # **A31498**

1. Entity Name
VILLAS OF WINDSONG, LTD.

FILED
02 APR 30 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **2750 OLD ST AUGUSTINE RD-OFFICE TALLAHASSEE FL 32301**
Mailing Address: **2750 OLD ST AUGUSTINE RD-OFFICE TALLAHASSEE FL 32301**

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State 4. FEI Number **63-1033751** Applied For Not Applicable

Zip Country 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

BOOTH, EDGAR ESQ.
522 E. PARK AVENUE
TALLAHASSEE FL 32302

Name **John C. Kemy, Esq.**
Street Address (P.O. Box Number is Not Acceptable) **241 East 6th Avenue**
City **Tallahassee** FL Zip Code **32303**

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.

SIGNATURE DATE **4/30/02**

9. Capital Contributions as Shown on record. **\$0.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY-ST-ZIP	P31581 ARBOR PROPERTIES, INC. 2750 OLD ST. AUGUSTINE RD. TALLAHASSEE FL 32301
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	100005481671--4 -05/07/02--01071--026 ***150.00 ***150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: DATE **4/30/02** x **850-656-7667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (9/01)