

# 2002 UNIFORM BUSINESS REPORT (UBR)

000630 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.

City & State

City & State

DUE BY MAY 1, 2002

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. Kenny, 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

Signature, typed or printed name of registered agent and title if applicable.

4/30/02

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P31581  
NAME ARBOR PROPERTIES, INC.  
STREET ADDRESS 2750 OLD ST. AUGUSTINE RD.  
CITY-ST-ZIP TALLAHASSEE FL 32301

STREET ADDRESS

CITY-ST-ZIP

100005481671--4  
-05/07/02--01071--026  
\*\*\*150.00 \*\*\*150.00

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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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William G. Thames, JR.

Date

4/30/02

Daytime Phone #

850-656-7667

CR2E003 (9/01)