

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED


03 APR -9 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # A31531

1. Entity Name
OLD FLORIDA PLANTATION, LTD.



Principal Place of Business
**7414 SPARKLING LAKE ROAD
ORLANDO FL 32819**

Mailing Address
**7414 SPARKLING LAKE ROAD
ORLANDO FL 32819**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3088093	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ROEDER, LOUIS III 7414 SPARKLING LAKE ROAD ORLANDO FL 32819			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. \$1,816,992.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	B95000000177 LUC LAKE HANCOCK LIMITED PARTNERSHIP BOX 460, 300 GREENBRIAR RD. SUMMERSVILLE WV 26651	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROEDER, LOUIS III 7414 SPARKLING LAKE ROAD ORLANDO FL 32819	CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	900015555089 04/09/03 01043 027 **526.25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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]* **SIGNATURE REQUIRED** 1.15.03 407.312.4194

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

CR2E003 (10/02)