A32011

LIMITED PARTNERSHIP 2002
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAR 25 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A32011

1. Entity Name

Fort Walton Defense Housing, LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Marshall Properties, Inc.	Same
Suite, Apt. #, etc.: PO Box 4970	Suite, Apt. #, etc.
City & State: Rumford RI	City & State
Zip: 02916 Country: USA	Zip Country

DUE BY MAY 1

4. FEI Number 59-1968358 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Chesser D. Michael

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

1201 Eglin Pkwy.

City: Shalimar FL Zip Code: 32579

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

Signature, type/print name of registered agent and title if applicable.

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
990.00		

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 #	L03069	STREET ADDRESS	800005177498--4 -04/01/02--01007--018
NAME	FWDH Inc.		****600.00 ****600.00
STREET ADDRESS	1201 Eglin Parkway	CITY-ST-ZIP	
CITY-ST-ZIP	Shalimar FL		
DOCUMENT #		STREET ADDRESS	800005177498--4 -04/01/02--01007--019
NAME			****541.25 ****541.25
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	800005177498--4 -04/01/02--01007--020
NAME			****141.25 ****141.25
STREET ADDRESS		CITY-ST-ZIP	DO NOT WRITE
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	IN THIS SPACE
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	2001-02
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	DL
DOCUMENT #		CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003B (12/01)

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 John L Marshall 3/6/02 401-725-9370

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