

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32048**

1. Entity Name
PINELLAS VILLAGE, LTD.



Principal Place of Business
**8384 BAYOU BOARDWALK
LARGO FL 33777**

Mailing Address
**8384 BAYOU BOARDWALK
LARGO FL 33777**

FILED

03 MAY -1 PM 2:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **59-3123879**

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

~~HUFFER, JEFFREY L.~~

**8384 BAYOU BOARDWALK
LARGO FL 33777**

Name

KIM L. DWELL

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

8384 BAYOU BOARDWALK

City

LARGO

FL

Zip Code

33777

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

Kim Dwell

4.25.03

DATE

9. Capital Contributions
as Shown on record.

\$3,363,643.00

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 # **N21467**
NAME **PINELLAS VILLAGE, INC.**
STREET ADDRESS **8384 BAYOU BOARDWALK**
CITY-ST-ZIP **LARGO FL 33777**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

600017822046

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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:

Kim Dwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.25.03

Date

727-399-2506

Daytime Phone #

CR2E003 (10/02)

0014387 AT