


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0008714 AT

| | |
|---|---|
| DOCUMENT # A33034 1. Entity Name TWIN OAKS VILLAS, LTD. |  |
|---|---|

FILED

03 MAR 26 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|---|
| Principal Place of Business 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH FL 32931 | Mailing Address 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH FL 32931 |
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|--------------------------------|--------------------|
| 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 59-3402129 | Applied For <input type="checkbox"/> Not Applicable |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

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| 6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH FL 32931 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| 9. Capital Contributions as Shown on record. \$1,801,000.00 |
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| 10. Amount of Capital Contributions in FLORIDA to date. 1,801,000.00 |
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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 |
|---|---|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | V24984 HERITAGE PARTNRS GRP, INC 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH FL 32931 |
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| 13. | ADDRESS CHANGES ONLY |
|----------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 800014769878 |
| CITY-ST-ZIP | 03/26/03--01069--010 ##535, 010 |
| 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:  **2/25/03** **351-799-4090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)