

2002 UNIFORM BUSINESS REPORT (UBR)

5/16/02 APPROVED AND FILED

0008574 AT

DOCUMENT # **A33170**

1. Entity Name
TREE HOUSE TOWNHOMES, LTD.

02 APR 22 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**631 E. GALL ST., SUITE 110
TALLAHASSEE FL 32301**

Mailing Address
**631 E. GALL ST., SUITE 110
TALLAHASSEE FL 32301**

2. Principal Place of Business
4538 ST TERESA BLVD

3. Mailing Address
PO Box 648

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
ST TERESA BEACH

City & State
TALLAHASSEE FL

Zip
32358

Country
US

Zip
32346

Country
US

4. FEI Number **59-3179998**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**COOPER, CHARLES L JR.
1358 THOMASWOOD DRIVE
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

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.

SIGNATURE DATE **4/17/02**

9. Capital Contributions as Shown on record. **\$102,000.00**

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 #	RAINEY, DENNETT I.	STREET ADDRESS	4538 ST TERESA BLVD
NAME	631 E. GALL ST., SUITE 110	CITY-ST-ZIP	ST TERESA BEACH, FL 32358
STREET ADDRESS	TALLAHASSEE FL 32301	STREET ADDRESS	See mailing address above
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	600005395506--2
NAME		CITY-ST-ZIP	-04/30/02--01079--028
STREET ADDRESS		CITY-ST-ZIP	***1052.50 ****526.25
CITY-ST-ZIP		CITY-ST-ZIP	\$526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/17/02** Daytime Phone # **8506974606**

CR2E003 (9/01)