

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33380**

1. Entity Name  
**PANA-VILLA GARDEN APARTMENTS, LTD.**



**FILED**  
**03 MAY -2 PM 6:14**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**1002 W. 23RD ST., SUITE 400**  
**PANAMA CITY FL 32405**

Mailing Address  
**1002 W. 23RD ST., SUITE 400**  
**PANAMA CITY FL 32405**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-1324719**

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

**HENRY, ROBERT F. III**  
**1002 W. 23RD ST., SUITE 400**  
**PANAMA CITY FL 32405**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$990.00**

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 # **695060**  
NAME **ITC HOLDINGS, INC.**  
STREET ADDRESS **1002 W. 23RD ST., S-400**  
CITY-ST-ZIP **PANAMA CITY FL**

STREET ADDRESS

CITY-ST-ZIP

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**3000017913359**  
**05/02/03--01085--006 \*\*45187.28**

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 AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/25/03**

**850/769-8981**

Daytime Phone #

CR2E003 (10/02)

0000109 AV