

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

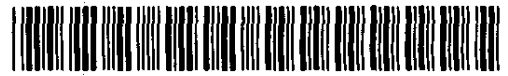
0016141 AT

DOCUMENT # A33453

1. Entity Name
CP OF OCALA, LTD.



FILED
03 AUG -5 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
207 N. MAGNOLIA AVENUE
OCALA FL 34475

Mailing Address
P.O. BOX 3961
OCALA FL 34478

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-3144555**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRENTELMAN, JOHN C.
207 N. MAGNOLIA AVENUE
OCALA FL 34475

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. 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.

9. Capital Contributions as Shown on record. **\$3,960.00**

10. Amount of Capital Contributions in FLORIDA to date. **3960.00**

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 #	V11225
NAME	CONSOLIDATED PROPERTIES OF OCALA, INC.
STREET ADDRESS	207 N. MAGNOLIA AVENUE
CITY-ST-ZIP	OCALA FL 34475
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400018473304 05/03/03--01010--006 **114.25
CITY-ST-ZIP	
STREET ADDRESS	400018473304 08/05/03--01033--006 **27.00
CITY-ST-ZIP	
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: *Chardain* **4/30/03** **(352)351-2000**

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

CR2E003 (10/02)

STAPLE CHECK HERE