

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A92000000246



1. Entity Name
THE LANDINGS AT TIMBERLEAF LIMITED PARTNERSHIP

FILED

03 APR 11 PM 3:03

Principal Place of Business
730 BONNIE BRAE ST.
WINTER PARK FL 32789

Mailing Address
730 BONNIE BRAE ST.
WINTER PARK FL 32789

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 59-3165637

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

CAVANAUGH, THOMAS L
730 BONNIE BRAE ST.
WINTER PARK FL 32789

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. \$5,000,000.00

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 #	S61353
NAME	CASTINE DEVELOPMENT, INC.
STREET ADDRESS	730 BONNIE BRAE ST.
CITY-ST-ZIP	WINTER PARK FL 32789
DOCUMENT #	
NAME	CAVANAUGH, THOMAS L
STREET ADDRESS	730 BONNIE BRAE ST.
CITY-ST-ZIP	WINTER PARK FL 32789
DOCUMENT #	
NAME	POHL, ARTHUR S
STREET ADDRESS	730 BONNIE BRAE ST.
CITY-ST-ZIP	WINTER PARK FL 32789
DOCUMENT #	
NAME	ABERNATHY, ROBERT D
STREET ADDRESS	730 BONNIE BRAE ST.
CITY-ST-ZIP	WINTER PARK FL 32789
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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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

Daytime Phone #

4.7.03

CR2E003 (10/02)