

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000132

1. Entity Name  
TRI-STAR PARTNERSHIP, A LIMITED PARTNERSHIP



FILED

2003 APR 23 AM 8:45

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
300 LONG SHOALS RD. 8-V  
ARDEN NC 28704

Mailing Address  
300 LONG SHOALS RD. 8-V  
ARDEN NC 28704

2. Principal Place of Business

291 APPALACHIAN TR

3. Mailing Address

291 APPALACHIAN TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

MAGGIE VALLEY NC

City & State

MAGGIE VALLEY NC

Zip

28751

Country

USA

Zip

28751

Country

USA

4. FEI Number 59-3120536

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOGAN, SHIRLEY A  
6465-C YELVINGTON RD.  
EAST PALATKA FL 32131-9801

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$400,221.58

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

DOCUMENT #  
NAME LUNDQUIST, SANDRA L  
STREET ADDRESS 300 LONG SHOALS RD. 8-V  
CITY-ST-ZIP ARDEN NC 28704

13. ADDRESS CHANGES ONLY

STREET ADDRESS 291 APPALACHIAN TRAIL  
CITY-ST-ZIP MAGGIE VALLEY, NC 28751

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP 200016813432

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-17-03

Date

Daytime Phone #

(828)

926-5525

CR2E003 (10/02)

0019339 MB