2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

200	2 UNIF	ORM BUS	INESS REP	ORT (U	JBR)		APPROVI	-	
DOCUMENT # A9300001010 1. Entity Name						AND FILED			
DOVETAIL VILLAS, LTD.						02 APR 15 PM 12: 23			
Principal Place of Business Mailing Address 730 BONNIE BRAE ST 730 BONNIE BRAE ST WINTER PARK FL 32789 WINTER PARK FL 32789						SECRETARY OF STATE FALLAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing A			3. Mailing Address	ress		1 (414) (414 1414 1414 1414 1414 1414 14			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1	, 2002		
City & State			City & State			4. FEI Numbe	59-3204391	Applied For Not Applicable	
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7.º Name and Address of New Registered Agent				
CAVANAUGH, THOMAS L 730 BONNIE BRAE ST					Name Street Address (P.O. Box Number is Not Acceptable)				
WINTER PARK FL 32789									
				Cit	City FL Zip Code				
SIGNATURE 9. Capital Coas Shown	ontributions on record.	\$3,137,000.00	10. Amount of Cap in FLORIDA to	date.		26.25	SEE REVERSE SID	ABLE TO DEPT. OF STATE	
	NOTE: G	eneral Partners MA	Y NOT be changed on	the form; an	amendmei	nt must be filed	to change a general	partner.	
2. GENERAL PARTI OCUMENT # AME CAVANAUGH, THOMAS L			ER INFORMATION 1		RESS		ADDRESS CHANGES	ONLY	
STREET ADDRESS CITY-ST-ZIP	DORESS 730 BONNIE BRAE ST			CITY-ST-ZIF	,	*****			
DOCUMENT # NAME	FOHL, ARTHUR S			STREET ADD	STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	WINTER PARK FL 32789		· <u></u>	CITY-ST-ZIF					
DOCUMENT / NAME STREET ADDRESS	ABERNATHY, ROBERT D 730 BONNIE BRAE ST			STREET ADD		3000053096035 -04/19/0201089010 ****526.25 *****526.25			
CITY-ST-ZIP COCUMENT #	WINTER PAR	RK FL 32789		STREET ADD			*******	Sun 'm'	
iame Street Address Sity-St-Zip				CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
OCUMENT #	1			STREET ADDA	RESS				
TREET ADDRESS				CITY-ST-ZIP					
OCUMENT #				STREET ADDR	RESS				
TREET ADDRESS		/7		CITY-ST-ZIP					
4. I hereby of indicated	certify that the inf on this report is	ormation supplied with t true and accurate and t	his filing does not qualify for hat my signature shall have	or the exemption the same legal	stated in Se effect as if m	ction 119.07(3)(i), nade under oath; t	Florida Statutes. I further hat I am a General Partne	certify that the information r of the limited partnership or	