

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A93000001078**



**FILED**

03 MAR 13 AM 11:38

1. Entity Name  
**FLEMING ISLAND LIMITED PARTNERSHIP**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1550-A BUSINESS CENTER DR.**  
ORANGE PARK FL 32003

Mailing Address  
**1550-A BUSINESS CENTER DR.**  
ORANGE PARK FL 32003



2. Principal Place of Business  
**1516 County Road 220**

3. Mailing Address  
**1590 Island Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite #28**

**DUE BY MAY 1, 2003**

City & State  
**Fleming Island, Fla.**

City & State  
**Fleming Island, Fla.**

4. FEI Number **56-1846803**

Applied For  
Not Applicable

Zip **32003**

Country **CLAY**

Zip **32003**

Country **CLAY**

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

**6. Name and Address of Current Registered Agent**

**O'CONNOR, JOHN W**  
**1550-A BUSINESS CENTER DR.**  
**ORANGE PARK FL 32003**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**Seite 28  
1590 Island Lane**

City

**FL** Zip-Code **32003**

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

**\$40.00**

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 # **F47768**  
NAME **O'CONNOR DEVELOPMENT CORPORATION**  
STREET ADDRESS **1550-A BUSINESS CENTER DRIVE**  
CITY-ST-ZIP **ORANGE PARK FL 32003**

STREET ADDRESS

**1590 Island Lane**

CITY-ST-ZIP

**Suite #28**

**Orange Park, FL 32003**

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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:

*John W. O'Connor*

**2/4/03 904/215-7575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E03 (10/02)