

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006215 AT

DOCUMENT # A94000000089



FILED

03 MAY -2 PM 6:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Entity Name
SNEAD Y. DAVIS SANTA FE RIVER RANCH LIMITED PART
NERSHIP

Principal Place of Business
1560 LANCASTER TERRACE. #1500
JACKSONVILLE FL 32204

Mailing Address
1560 LANCASTER TERRACE. #1500
JACKSONVILLE FL 32204



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 59-3254169

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

YONG, FRANK J
CONE YONG STEWART & HOUSTON, P.A.
701 RIVERSIDE PARK PLACE STE. 110
JACKSONVILLE FL 32204

Name
Frank J. Yong,
Street Address (P.O. Box Number is Not Acceptable)
Cone & Yong, P.A.
701 Riverside Park Place, Suite 110
City
Jacksonville **FL** Zip Code
32204

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 *Frank J. Yong*
Signature, typed or printed name of registered agent and title if applicable

4/21/03
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 # **P93000088317**
NAME **SNEAD Y. DAVIS, INC.**
STREET ADDRESS **1560 LANCASTER TERRACE, #1500**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

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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: *Snead Y. Davis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
SNEAD Y. DAVIS

4-28-03 **(904) 355-8941**
Date Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)