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

## A9400000541 **DOCUMENT #**

1. Entity Name

OAKS CAMPGROUND, LTD.

Principal Place of Business 5551 S.W. 18TH TERRACE BUSHNELL FL 33513



Mailing Address 5551 S.W. 18TH TERRACE BUSHNELL FL 33513

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SECRETARY OF STATE TALL ANASSEE, FLORIDA

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2. Principal Place of Business 3. Mailing Address								IRIN IĞILI DIRTI BUSIL YASIL	TOUL BALL BAL	ii aliki i	HILL BIGGS HIST HEB	
SSSI	5.2.19	TITE TARROCCE	181.4/2 1222									
Suite, Apt.	#, etc.	·	Suite, Apt. #, etc.				DUE BY MAY 1, 2003					
City & State City & State							4. FEI Number	59-3236928			Applied For	
Bushnell FL Bushnel				$F_{-}$				33-3230320			Not Applicable	
Zip Country			Zip Country				- 0	(0)	\$	8.75	Additional	
33513 USA		33513	V	NZK						uired		
	6. Name	and Address of Current R		Ť			7. Name and A	ddress of New Re	gistered Ag	ent		
PURSER, WILLIAM D 30045 JOHNSON POINT ROAD					Name Street Address (P.O. Box Number is Not Acceptable)							
i .				L	Street Address (1.5. Box Northber is Not Addeptable)							
LEESBUR	G FL 3474											
					City				FL	Zip C		
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.												
the obligations of registered agent.  SIGNATURE   Signature, typed or printed name of registered agent and title if applicable.  DATE  DATE												
9. Capital Contributions as Shown on record.  \$1,275,000.00  10. Amount of Capital in FLORIDA to date.					utions			11. MAKE CHECK SEE REVERSE				
	as Shown on record. In FLORIDA to date. 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.	13. ADDRESS CHANGES ONLY							
DOCUMENT #				CTOFFT	T ADDRESS							
NAME	PURSER, WILLIAM D TRUSTEE			SINCE	I AUUNESS		70001040000					
STREET ADDRESS CITY-ST-ZIP	30045 JO LEESBUR		CITY-S	ST-ZIP		700010402837 01/22/0301027005 **526.25						
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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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E003 (10/02)