

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005891 AT

DOCUMENT # **A94000001140**1. Entity Name  
**BECKS MOBILE HOME PARK LIMITED PARTNERSHIP****FILED**  
03 MAY -5 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**MJH**Principal Place of Business  
P.O. DRAWER 2140  
DAYTONA BEACH FL 32215Mailing Address  
P.O. DRAWER 2140  
DAYTONA BEACH FL 32215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3266474**

Applied For

Not Applicable

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

**BECKS, BERRIEN H JR.**  
**125 NORTH RIDGEWOOD AVENUE**  
**DAYTONA BEACH FL 32115**

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. **\$10,500,000.00**10. Amount of Capital Contributions  
in FLORIDA to date. **3,642,585.01**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 # **P94000050466**  
NAME **BECKS MOBILE HOME PARK, INC.**  
STREET ADDRESS **125 NORTH RIDGEWOOD AVENUE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32115**STREET ADDRESS  
CITY-ST-ZIP  
**000017318390**  
**05/05/03--01001--011 \*\*526.25**DOCUMENT #  
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Beck, Jr.**

Date

Daytime Phone #

**(386) 252 2000**

CR2E003 (10/02)