

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

**DOCUMENT # A94000001478**

1. Entity Name  
**LIONSPAW DEVELOPMENT, LTD.**



APPROVED  
AND  
FILED

03 APR -7 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**125 E. INDIANA AVE., STE. A-2  
DELAND FL 32724**

Mailing Address  
**125 E. INDIANA AVE., STE. A-2  
DELAND FL 32724**



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 **59-3303898**

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

**MCMAHAN, RICHARD A.  
125 E. INDIANA AVE. #A-2  
DELAND FL 32724**

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. **\$4,048,000.00**

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 # **445895**  
NAME **TRICORP, INC.**  
STREET ADDRESS **125 E. INDIANA AVE., SUITE A-2**  
CITY-ST-ZIP **DELAND FL 32724**

STREET ADDRESS **RAM GROUP INC.**  
CITY-ST-ZIP **125 E. INDIANA AVE. SUITE A-2  
DELAND, FL 32724**

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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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/5/03**  
Date

**386-736-3999**  
Daytime Phone #

CR2E003 (10/02)