

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000550

1. Entity Name
CHARTER REALTY, LTD.



FILED
03 MAR -7 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 01

Mailing Address
3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 01



2. Principal Place of Business
4745 Sutton Park Court
Suite, Apt. #, etc.
Bldg. 500, Ste. 501
City & State
Jacksonville, FL 32224
Zip
32224
Country
U.S.A.

3. Mailing Address
4745 Sutton Park Court
Suite, Apt. #, etc.
Bldg. 500, Ste. 501
City & State
Jacksonville, FL 32224
Zip
32224
Country
U.S.A.

DUE BY MAY 2003

4. FEI Number
59-3309337
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARTLETT, BARON
50 HIGHWAY A1A #103
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

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. \$1,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

P95000023925
SOUTHERN REALTY OF N.E. FLORIDA, INC.
3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

STREET ADDRESS
CITY-ST-ZIP

4745 Sutton Park Court
Building 500, Suite 501
Jacksonville, FL 32224

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)