

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001433

1. Entity Name
LEESBURG HOLDINGS LIMITED PARTNERSHIP

Principal Place of Business
6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411

Mailing Address
6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411-2709

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 PM 1:29



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0617335
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PERRY, CHERYL Y.
6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$10,000.00
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO 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 #	P95000071408	STREET ADDRESS	STREET ADDRESS	
NAME	SUNLAND HOMES AT HARBOR HILLS, INC.	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	6823 VISTA PARKWAY NORTH			
CITY - ST - ZIP	WEST PALM BEACH FL 33411			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
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CITY - ST - ZIP				
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NAME		CITY - ST - ZIP	CITY - ST - ZIP	
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/00 561-684-7500
Date Daytime Phone # X 212