2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

A95000001706 DOCUMENT

1. Entity Name MELROSE LANDING, LTD.



Principal Place of Business 412 NE 16TH AVENUE GAINESVILLE FL 32601

Mailing Address POST OFFICE BOX 1776 GAINESVILLE FL 32602

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. FILED

2003 MAR -4 AM 10: 54

IDIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2003

City & State		City & State			4. FEI Number 59-2322036 Applied		Applied For	
							Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
LEE, DENNIS G 412 NE 16TH AVENUE GAINESVILLE FL 32601				Name Street Address (P.O. Box Number is Not Acceptable)				

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.

12.

CHECK HERE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

\$1,000,000.00

GENERAL PARTNER INFORMATION

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

ADDRESS CHANGES ONLY

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.

13.

DOCUMENT # NAME	FLORIDA WOODLAND, INC.	STREET ADDRESS	_
STREET ADDRESS CITY-ST-ZIP	412 NE 16 AVE GAINESVILLE FL 32601	CITY-ST-ZIP	700013516037
DOCUMENT # NAME	L95000000298 Jean Properties, L.C.	STREET ADDRESS	03/04/0301065011 **526.25
STREET ADDRESS CITY-ST-ZIP	412 NE 16 AVE Gainesville FL 32601	CITY-ST-ZIP	,
DOCUMENT # NAME	481672 SOUTHERN PROPERTIES, INC.	STREET ADDRESS	
STREET ADORESS CITY-ST-ZIP	412 NE 16 AVE GAINESVILLE FL 32601	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CTTY-ST-ZIP		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:

(352)334-1976

Daytime Phone #

CRPFON3 (10/02)