


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000669 AT

<b>DOCUMENT # A95000001715</b>		
1. Entity Name <b>CAMPUS CLUB OF GAINESVILLE, LTD.</b>		

**FILED**

03 MAY -6 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>4315 PABLO OAKS CT. SUITE 1 JACKSONVILLE FL 32224-9667</b>	Mailing Address <b>4315 PABLO OAKS CT. SUITE 1 JACKSONVILLE FL 32224-9667</b>
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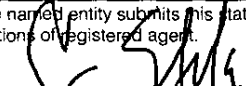
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

4. FEI Number <b>59-3355780</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>STOKES-GAINESVILLE, INC. 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE FL 32256</b>
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7. Name and Address of New Registered Agent Name <b>STOKES-GAINESVILLE, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4315 PABLO OAKS COURT, SUITE 1</b> City <b>JACKSONVILLE</b> FL <b>32224-9667</b>
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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 	<b>E. Chester Stokes, Jr., President</b> 4/23/03 DATE

9. Capital Contributions as Shown on record. <b>\$4,600,000.00 -0-</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>-0-</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P95000081809	STREET ADDRESS	
NAME	STOKES-GAINESVILLE, INC.	CITY-ST-ZIP	
STREET ADDRESS	4315 PABLO OAKS CT.SUITE 1		
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

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			
STOKES-GAINESVILLE, INC., General Partner			
SIGNATURE: By 	<b>SIGNATURE REQUIRED</b>	Stokes, Jr., Pres. 4/23/03	904/482-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE