

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012491 AT

DOCUMENT # **A96000000367**

1. Entity Name
HOME DEVELOPMENT OF HUNTERS RUN LTD.



FILED

2003 JUN 13 PM 3:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**15340 JOG ROAD #100
DELRAY BEACH FL 33446**

Mailing Address
**15340 JOG ROAD #100
DELRAY BEACH FL 33446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0672184**

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

**KORN, GARY A
20801 BISCAYNE BLVD., STE. #501
AVENTURA FL 33180**

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. **\$600.00**

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 # **P95000091562**
NAME **HOME DEVELOPMENT CORP. OF SOUTH FLORIDA I**
STREET ADDRESS **15340 JOG ROAD #100**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

STREET ADDRESS

CITY-ST-ZIP

900018295079

06/13/03--01053--004 **88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900018295079

05/06/03--01053--004 **52.50

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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

4/29/03

561 638-3608
Daytime Phone #

CR2E003 (10/02)