

2002 UNIFORM BUSINESS REPORT (UBR)

UBR/US AI

DOCUMENT # A96000001217

1. Entity Name

PLANTATION OAKS, LTD.

FILED

2002 FEB 26 AM 10:16

DIVISION 3: CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746**

Mailing Address
**300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3385386

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

**CAHALL, PETER S
300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746**

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

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

DATE

9. Capital Contributions as Shown on record.

\$100.00

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 #	P96000041665
NAME	NEWPORT PLANTATION PARTNERS, INC.
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 270
CITY-ST-ZIP	HEATHROW FL 32746
DOCUMENT #	
NAME	
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STREET ADDRESS	100005041661--8
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CR2E003 (9/01)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Peter S. Cahall** **02/01/02** **(407) 333-2905**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #