

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.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3385386**
Applied For Not Applicable

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

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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000041665 NEWPORT PLANTATION PARTNERS, INC. 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746	STREET ADDRESS	
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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 #