

# 2002 UNIFORM BUSINESS REPORT (UBR)

UNIFORM 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 <b>300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746</b>	Mailing Address <b>300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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**DUE BY MAY 1, 2002**

4. FEI Number <b>59-3385386</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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
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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.

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

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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 # <b>P96000041665</b>	NAME <b>NEWPORT PLANTATION PARTNERS, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>300 INTERNATIONAL PARKWAY, SUITE 270</b>	CITY-ST-ZIP <b>HEATHROW FL 32746</b>	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	<b>100005041661--8</b>
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	<b>03/04/02 01104 007</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>***141.25 ***141.25</b>
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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 #