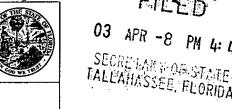
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#	A96000001252

1. Entity Name HIDDEN BAY AT OSPREY, LTD.



APR -8 PM 4: 46



						TALENTER	侧产维·STAFE.		
Principal Plac 210 HIDDEN B OSPREY FL 34			Mailing Address 210 HIDDEN BAY OSPREY FL 3422	DRIVE		interest Its.	が、OS STATE SSEE, FLORIDA	ı	
Principal Place of Business 3. Mailing Address			ss						
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.		DUE BY MAY 1, 2003				
City & State			City & State		4. FEI Number 65-0682104 Applied For				
Zip	Zip Country		Zip Country		try	5. Certificate of St	tatus Desired	Not Applicable \$8.75 Additional	
	6. Name and Address of Current Registered Agent			<u> </u>	ı	Fee Required			
	o. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
DENEAL	BARBARA	The second second			X X	<u> </u>		9	
μ	EN BAY DRI	VE			Street Address (P.O. Box Number is N	Not Acceptable)		
OSPREY I		-						.	
OOTTILL	L 0-1223			ξ.					
					City.			FL Zip Code	
			or the purpose of chai	nging its registere	ed office or register	red agent, or both, in	the State of Florida. I	am familiar with, and accept	
the obligat	tions of registe	ered agent.	20 ND						
SIGNATURE -	(JUNA	1 (46)	nov						
		r printed name of registered agent						ATE	
9. Capital Contributions as Shown on record. \$499.00 in FLORIDA to date					outions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
		ENERAL PARTNER General Partners Ma							
12.		GENERAL PARTNE	R INFORMATION	13.			ADDRESS CHANGES	ONLY	
DOCUMENT # NAME	P96000042 STONE OS	808 PREY, INC.		STRE	ET ADDRESS	3600	Torre	y Pines Blud	
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

*CITY-ST-ZIP

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

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