

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018800 AT

DOCUMENT # A96000001608

1. Entity Name
BEAVER/FRUITVILLE LIMITED PARTNERSHIPFILED
03 FEB 21 AM 9:13
SEC. OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
225 AVANT AVENUE
SARASOTA FL 34232Mailing Address
225 AVANT AVENUE
SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

233 AVANT AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA, FLORIDA

Zip

Country

Zip
34232Country
U.S.A

DUE BY MAY 1, 2003

4. FEI Number 65-0693796

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, GERALD C
223 AVANT AVENUE
SARASOTA FL 34232

7. Name and Address of New Registered Agent

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. \$475,100.0010. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # L96000000907
NAME BEAVER/FRUITVILLE L.C.
STREET ADDRESS 225 AVANT AVENUE
CITY-ST-ZIP SARASOTA FL 34232

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/18/03

941-371-4366

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE