

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018232 AB

DOCUMENT # A96000001821

1. Entity Name
CAMBRIDGE ASSOCIATES LIMITED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 14 PM 4:02

W 4/18

Principal Place of Business
1020 N. HERITAGE DRIVE
MARYVILLE TN 37803

Mailing Address
1020 N. HERITAGE DRIVE
MARYVILLE TN 37803



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, 2003

4. FEI Number 62-1661460

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

HATCHER, STEPHEN B ESQ.
315 E. ROBINSON STREET, SUITE 600
ORLANDO FL 32801

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, and the obligations of registered agent.

04/14/03--01007--004 **526.25

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

DATE

9. Capital Contributions
as Shown on record. \$619,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # V20498
NAME CAMBRIDGE ASSOCIATES, INC.
STREET ADDRESS 1020 NORTH HERITAGE DRIVE
CITY-ST-ZIP MARYVILLE TN 37803

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

D.G. Hatcher, Jr. 865-983-1781
4-7-03

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE