

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002297

1. Entity Name  
WHITEMARK AT FOX GLEN, LTD.



Principal Place of Business  
650 S. CENTRAL AVE. #1000  
OVIDEO FL 32765

Mailing Address  
650 S. CENTRAL AVE. #1000  
OVIDEO FL 32765

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

2003 AUG 22 AM 10: 55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2003

City & State	City & State	4. FEI Number 59-3413640	Applied For
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required

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

6. Name and Address of Current Registered Agent

CLARK, SCOTT D  
369 N. NEW YORK AVE., SUITE 300  
WINTER PARK FL 32789

Name Clark Scott D.

Street Address (P.O. Box Number is Not Acceptable)

655 W. Morse Blvd., Suite 212

City Winter Park

FL Zip Code 32789

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

8/6/03

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

DATE

9. Capital Contributions as Shown on record.	\$1,000.00	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 #	P06000100398	STREET ADDRESS	650 S. Central Ave. #1000
NAME	FOX GLEN MANAGEMENT CORPORATION	CITY-ST-ZIP	Oviedo, FL 32765
STREET ADDRESS	257 PLAZA DRIVE, UNIT D	STREET ADDRESS	900022516369
CITY-ST-ZIP	OVIEDO FL 32765	CITY-ST-ZIP	08/22/03-01053-003 **541.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

REQUIREMENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/1/03

407-5366-9668

Daytime Phone #