

2002 UNIFORM BUSINESS REPORT (UBR)

0013545 AT

DOCUMENT # A96000002401

FILED

02 MAR 11 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

**THE LANDINGS AT CYPRESS MEADOWS LIMITED PARTNERS
HIP**

Principal Place of Business

Mailing Address

**6000 COMPTON ESTATES WAY
TAMPA FL 33647**

**6000 COMPTON ESTATES WAY
TAMPA FL 33647**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3420170

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**INGLIS, JOHN S
C/O SHUMAKER, LOOP & KENDRICK, LLP
101 EAST KENNEDY BLVD., SUITE 2800
TAMPA FL 33602**

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.

SIGNATURE _____

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.

1,000.00

11. MAKE CHECK PAYABLE TO 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 # **P96000102727**
NAME **THE LANDINGS AT CYPRESS MEADOWS CORP.**
STREET ADDRESS **6000 COMPTON ESTATES WAY**
CITY-ST-ZIP **TAMPA FL 33647**

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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

3-6-02

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE