

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


MJH

FILED

03 APR 18 PM 1:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

0015119 AT

DOCUMENT # A97000000225 1. Entity Name CORAL VILLAGE, LTD.	
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Principal Place of Business 1430 S.E. 16TH PLACE UNIT B CAPE CORAL FL 33990	Mailing Address 1430 S.E. 16TH PLACE UNIT B CAPE CORAL FL 33990
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number 65-0721227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARNOLD, BOWEN A
1520 ROYAL PALM SQUARE BLVD.
SUITE 360
FORT MYERS FL 33919

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

9. Capital Contributions as Shown on record. **\$2,223,569.00**

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	
DOCUMENT #	N95000001649
NAME	CAPE CORAL HOUSING REHABILITATION&DEV CORP
STREET ADDRESS	1430 S.E. 16TH PLACE, UNIT B
CITY-ST-ZIP	CAPE CORAL FL 33990
DOCUMENT #	V26828
NAME	HARDING CONSTRUCTION SERVICES, INC.
STREET ADDRESS	5544 FAIRFAX STREET
CITY-ST-ZIP	ORLANDO FL 32812
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100016239811
CITY-ST-ZIP	04/18/03--01025--003 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date _____ Daytime Phone # _____

STAPLE CHECK HERE

CRZE003 (10/02)