

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000482**

1. Entity Name  
**SPRING VALLEY, LTD.**



**FILED**  
03 MAR 20 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

Principal Place of Business  
**2909 WEST STATE ROAD 434  
SUITE 121-131  
LONGWOOD FL 32779**

Mailing Address  
**2909 WEST STATE ROAD 434  
SUITE 121-131  
LONGWOOD FL 32779**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3440716**

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

**GOODMAN, BARRY S  
2909 WEST STATE ROAD 434  
SUITE 121-131  
LONGWOOD FL 32779**

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. **\$2,360,000.00**

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 # **P97000008656**  
NAME **SPV CORPORATION**  
STREET ADDRESS **2909 WEST STATE ROAD 434, SUITE 121-131**  
CITY-ST-ZIP **LONGWOOD FL 32779**

STREET ADDRESS

CITY-ST-ZIP

**600014410826**

**03/20/03--01049--017 \*\*526.25**

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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: **Barry S. Goodman, President**  
**SPV Corporation, general partner 3/17/03 407-786-4244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0008066 AT