

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001259

1. Entity Name  
ADR INVESTMENTS, LTD.



Principal Place of Business  
10650 HAVERFORD ROAD, SUITE 4  
JACKSONVILLE FL 32218

Mailing Address  
10650 HAVERFORD ROAD, SUITE 4  
JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
2003 APR 11 PM 2:54

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2003

4. FEI Number 59-3472317

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

DRURY, MARK A  
10650 HAVERFORD ROAD, SUITE 4  
JACKSONVILLE FL 32218

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.

700016214507

04/17/03 01056 010 DATE \*\*\*444.00

9. Capital Contributions  
as Shown on record. \$49,500.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$49,500

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 # J44635  
NAME AMERICAN DREAM REALTY OF JAX, INC.  
STREET ADDRESS 10650 HAVERFORD ROAD, SUITE 4  
CITY-ST-ZIP JACKSONVILLE FL 32218

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mark A. Drury

4/14/03

904-757-4700

Date

Daytime Phone #

CR2E003 (10/02)

0006439 AT