

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000001658



1. Entity Name
TRIAD PROPERTIES HOLDINGS - FT. MYERS, LTD.

FILED
03 APR 29 AM 8:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
200 CLINTON AVE., STE 702
HUNTSVILLE AL 35801

Mailing Address
200 CLINTON AVE., STE 702
HUNTSVILLE AL 35801



2. Principal Place of Business		3. Mailing Address		4. FEI Number 72-1390319	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEYER, DAVID A C/O RUDNICK & WOLFE 101 EAST KENNEDY BLVD., SUITE 2000 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. 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. **\$686,070.00**

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 #	L97000000809	STREET ADDRESS	
NAME	TRIAD PROPERTIES HOLDINGS - FLORIDA, L.L.C	CITY-ST-ZIP	
STREET ADDRESS	200 CLINTON AVE. WEST, SUITE 702		
CITY-ST-ZIP	HUNTSVILLE AL 35801		
DOCUMENT #		STREET ADDRESS	000017321710
NAME		CITY-ST-ZIP	04/29/03--01078--025 **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: SIGNATURE REQUIRED **4/29/03** **256-551-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)