

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002194**1. Entity Name
FLORIDA COMMERCIAL COMMUNITIES, LTD.

FILED

03 FEB -7 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
**1031 WEST MORSE BLVD., SUITE 160
WINTER PARK FL 32789**Mailing Address
**1031 WEST MORSE BLVD., SUITE 160
WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

1031 W. Morse Blvd,**1031 W. Morse Blvd,**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 350**Suite 350**

City & State

City & State

Winter Park, FL**Winter Park, FL**

Zip

Zip

32789

Country

Country

USA**32789**

Country

USA

DUE BY MAY 1, 2003

4. FEI Number **59-3474887**

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

SWANN & HADLEY, P.A.**1031 WEST MORSE BLVD., SUITE 160****WINTER PARK FL 32789**

Name

Swann + Hadley, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1031 W. Morse Blvd.**Suite 350**

City

Winter Park

FL

Zip Code

32789

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 agent applicable

DATE

2-3-039. Capital Contributions
as Shown on record.**\$5,000,000.00**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 # **P32206**
NAME **AMERICAN CAPITOL MANAGEMENT COMPANY**
STREET ADDRESS **1031 WEST MORSE BLVD., SUITE 160**
CITY-ST-ZIP **WINTER PARK FL 32789**STREET ADDRESS **1031 W. Morse Blvd, Suite 350**
CITY-ST-ZIP **Winter Park, FL 32789**DOCUMENT #
NAME
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02/07/03--01037--009 **526.25DOCUMENT #
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CITY-ST-ZIP**THOMAS**

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.

BY: **American Capitol Management Company, general partner**

SIGNATURE:

SIGNATURE REQUIRED

2-03-03**407-643-8977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #