

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013986 AT

DOCUMENT # A97000002436



FILED
03 MAY -2 PM 7:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DAJH

1. Entity Name WARM SPRINGS INVESTMENTS, LTD.	Mailing Address 4890 WEST KENNEDY BLVD., STE-850- TAMPA FL 33609-1863
---	---



2. Principal Place of Business Suite, Apt. #, etc. SUITE 920 City & State Zip	3. Mailing Address Suite, Apt. #, etc. SUITE 920 City & State Zip
---	---

DUE BY MAY 1, 2003	
4. FEI Number 59-3477855	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
WEST, DALE A 4890 WEST KENNEDY BLVD., STE-850- TAMPA FL 33609-1863	

7. Name and Address of New Registered Agent	
Name F & L Corp.	
Street Address (f The Greenleaf Building	20
City Jacksonville, FL 32202-3510	

8. The above named entity submits this statement for the purpose of F&L Corp registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 By: R.J. Wolfe, V.P. 4/28/03
 SIGNATURE [Signature] DATE

9. Capital Contributions as Shown on record. \$5,276,073.00	10. Amount of Capital Contributions in FLORIDA to date. 0	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 #	P9500000503	STREET ADDRESS	SUITE 920
NAME	URBAN PROPERTIES OF CALIFORNIA, INC.	CITY-ST-ZIP	
STREET ADDRESS	4890 WEST KENNEDY BLVD., STE-850		
CITY-ST-ZIP	TAMPA FL 33609-1863		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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] **DATE:** 4-25-03 **DAYTIME PHONE #:** (813) 286-4140

CR2E003 (10/02)

SAMPLE CHECK HERE