

# 2000 UNIFORM BUSINESS REPORT (UBR)

CI09462 AY

**DOCUMENT # A97000002464**

1. Entity Name  
**OAKVILLE RESERVE, LTD.**

Principal Place of Business  
**4830 WEST KENNEDY BLVD., SUITE 740  
ONE URBAN CENTRE  
TAMPA FL 33609**

Mailing Address  
**4830 WEST KENNEDY BLVD., SUITE 740  
ONE URBAN CENTRE  
TAMPA FL 33609-2581**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -1 PM 12:06

*[Handwritten signature]*



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WEST, DALE A  
4830 W ST KENNEDY BLVD., SUITE 740  
ONE URBAN CENTRE  
TAMPA FL 33609**

4. FEI Number **59-3478366**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **250,000**

11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P95000000503 URBAN PROPERTIES OF CALIFORNIA, INC. 4830 WEST KENNEDY BLVD., SUITE 740 TAMPA FL 33609</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
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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]* **Dale A. West,**  
**Treasurer 4/26/00 (813) 286-4140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

(11) 00 15F