

2001 UNIFORM BUSINESS REPORT (UBR)

000961 AF

DOCUMENT # A97000002464
 1. Entity Name
OAKVILLE RESERVE, LTD.

FILED
 01 MAY -1 PM 12:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



2. Principal Place of Business 4890 W. Kennedy Boulevard	3. Mailing Address 4890 W. Kennedy Boulevard
Suite, Apt. #, etc. Suite #850	Suite, Apt. #, etc. Suite #850
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33609-1863 Country USA	Zip 33609-1863 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3478366** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WEST, DALE A
4830 W ST KENNEDY BLVD., SUITE 740
ONE URBAN CENTRE
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4890 W. Kennedy Boulevard
 Suite #850
 City
Tampa **FL** Zip Code **33609-1863**

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT 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

DOCUMENT #	P95000000503
NAME	URBAN PROPERTIES OF CALIFORNIA, INC.
STREET ADDRESS	4830 WEST KENNEDY BLVD., SUITE 740
CITY-ST-ZIP	TAMPA FL 33609
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	4890 W. Kennedy Blvd., #850
CITY-ST-ZIP	Tampa, Florida 33609-1863
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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******535.00 ****535.00**

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: *Samuel K. Ross* **REQUIRE D** **Samuel K. Ross** **4.25.2001** **813-286-4140**

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

CR2E003 (11/00)