

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013372 AT

**DOCUMENT # A97000002464**



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

**MJH**

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

Principal Place of Business  
**4890 W. KENNEDY BOULEVARD, SUITE 850-  
TAMPA FL 33609-1863**

Mailing Address  
**4890 W. KENNEDY BOULEVARD, SUITE 850-  
TAMPA FL 33609-1863**



2. Principal Place of Business Suite, Apt. #, etc. **SUITE 920**

3. Mailing Address Suite, Apt. #, etc. **SUITE 920**

**DUE BY MAY 1, 2003**

City & State

4. FEI Number **59-3478366**

Applied For  Not Applicable

Zip Country

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**

**WEST, DALE A**  
**4890 W. KENNEDY BOULEVARD, SUITE 850-  
TAMPA FL 33609-1863**

Name **F & L Corp.**

Street Address (P) **The Greenleaf Building**

**200 Laura Street**

City **Jacksonville, FL 32202-3510**

8. The above named entity submits this statement for the purpose of ch **F&L Corp**  
the obligations of registered agent. By: **R.J. Wolfe, V.P. 4/28/03**

SIGNATURE *RJ Wolfe*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

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

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**

NAME **URBAN PROPERTIES OF CALIFORNIA, INC.**

STREET ADDRESS **4890 W. KENNEDY BOULEVARD, SUITE 850-**

CITY-ST-ZIP **TAMPA FL 33609-1863**

STREET ADDRESS **SUITE 920**

DOCUMENT #

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CITY-ST-ZIP

STREET ADDRESS **00001 7914090**

CITY-ST-ZIP **05/02/03--01106--025 \*\*150.00**

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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: *R. J. Wolfe* **R. J. Wolfe, V.P. of GP 4-25-03 (813) 286-4110**

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

CR2E003 (10/02)

STAPLE CHECK HERE