

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000002492

1. Entity Name

WHITE MAGNOLIA DEVELOPMENT, LTD.

Principal Place of Business **Mailing Address**

1548 THE GREENS WAY, SUITE 4 **1548 THE GREENS WAY, SUITE 4**
JACKSONVILLE BEACH FL 32250 **JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Zip Country Zip Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHNSON, ROBERT L 1548 THE GREENS WAY, SUITE 4 JACKSONVILLE BEACH FL 32250				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date. \$7,500.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P93000015588	STREET ADDRESS	
NAME	FLETCHER REALTY III, INC.	CITY-ST-ZIP	
STREET ADDRESS	1548 THE GREENS WAY, SUITE 4		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		
DOCUMENT #		STREET ADDRESS	
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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: Frances F. Hutchinson **1/31/01** **904-285-6921**

Signature and Typed or Printed Name of Signing General Partner **Date** **Daytime Phone #**

Frances F. Hutchinson, Secretary

CR2E003 (11/00)