

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005936
AT

DOCUMENT # A97000002847



1. Entity Name
SHADDIX COMMUNITIES, LTD.

FILED

03 FEB -7 AM 9:25

Principal Place of Business
1275 BEVILLE ROAD, SUITE 1200
DAYTONA BEACH FL 32119

Mailing Address
1275 BEVILLE ROAD, SUITE 1200
DAYTONA BEACH FL 32119

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2003

4. FEI Number 59-3484168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, SHARLENE S
686 FERNCLIFF DRIVE
PORT ORANGE FL 32127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	SHADDIX, WILLIAM S
NAME	1275 BEVILLE ROAD, SUITE 1200
STREET ADDRESS	DAYTONA BEACH FL 32119
CITY-ST-ZIP	
DOCUMENT #	FOX, SHARLENE S
NAME	1275 BEVILLE ROAD, SUITE 1200
STREET ADDRESS	DAYTONA BEACH FL 32119
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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STREET ADDRESS	300011984123
CITY-ST-ZIP	02/07/03--01051--005 **526.25
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	MR THOMAS
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:

SHARLENE S FOX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/2003

386-
761-2233

Daytime Phone #

CR2F003 (10/02)

STAPLE CHECK HERE