

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015430 AT

DOCUMENT # **A98000000354**

1. Entity Name
KANE COMMUNITIES OF AUDUBON, LTD.



FILED

03 MAY -5 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**15 EIGHTH STREET, SUITE B
BONITA SPRINGS FL 34134**

Mailing Address
**15 EIGHTH STREET, SUITE B
BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **65-0816286**

Applied For

Not Applicable

Zip

Country

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

**RANSOM, RICHARD L
15 EIGHTH STREET, SUITE B
BONITA SPRINGS FL 34134**

Name **LEIF E. METSCH**

Street Address (P.O. Box Number is Not Acceptable)

15 EIGHTH ST, STE B

City **BONITA SPRINGS**

FL

Zip Code **34134**

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 **LEIF E. METSCH, PRES. D/R** **4/24/03**

DATE

9. Capital Contributions
as Shown on record. **\$1,000.00**

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 # **P98000011481**
NAME **KANE COMMUNITIES OF AUDUBON, INC.**
STREET ADDRESS **15 EIGHTH STREET, SUITE B**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500016923525
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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:

LEIF E. METSCH

4/24/03

289.948.7042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE