

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000750

1. Entity Name
VALENCIA RIVER ASSOCIATES LIMITED PARTNERSHIP



FILED

03 MAY -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
~~C/O STUMP, STOREY & CALLAHAN, P.A.~~
~~28 EAST WASHINGTON STREET~~
~~ORLANDO FL 32801~~

Mailing Address
C/O ROSEN DEVELOPMENT GROUP, INC.
2250 AVENIDA DEL VERA
N. FT. MYERS FL 33917

2. Principal Place of Business

2250 Avenida Del Vera

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

N. Ft. Myers FL

City & State

4. FEI Number 58-2386105

Applied For

Not Applicable

Zip

33917

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALLAHAN, W. SCOTT ESQ.
37 NORTH ORANGE AVENUE, STE 200
ORLANDO FL 32801

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.

\$1,564,000.00

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

DOCUMENT # P98000025825
NAME VALENCIA RIVER REALTY CORP.
STREET ADDRESS 550 MAMARONECK AVE.
CITY-ST-ZIP HARRISON NY 10528

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2250 Avenida Del Vera
CITY-ST-ZIP N. Ft. Myers FL 33917

DOCUMENT #
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STREET ADDRESS 300018296363
CITY-ST-ZIP 05/06/03--01067--017 **526.25

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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:

SIGNATURE REQUIRED 4-28-03

Date

Daytime Phone #

239-731-4538

CR2E003 (10/02)

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