

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001527**

1. Entity Name
TWIN CITY PROPERTIES, LTD.



Principal Place of Business
**4502 HIGHWAY 20 EAST
SUITE A
NICEVILLE FL 32578**

Mailing Address
**4502 HIGHWAY 20 EAST
SUITE A
NICEVILLE FL 32578**

FILED

2003 FEB 28 AM 4:30

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3529200	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERNDON, D. TIMOTHY 4502 HIGHWAY 20 EAST SUITE A NICEVILLE FL 32578		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____
9. Capital Contributions as Shown on record. \$25,000.00	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 #	P990000021733	STREET ADDRESS	700013269517
NAME	TWIN CITY MANAGEMENT CORPORATION INC.	CITY-ST-ZIP	02/28/03--01044--006 **263.75
STREET ADDRESS	4502 HIGHWAY 20 EAST		
CITY-ST-ZIP	NICEVILLE FL 32578		
DOCUMENT #		STREET ADDRESS	
NAME	JAHR, ALFRED	CITY-ST-ZIP	
STREET ADDRESS	1214 OAKMONT DRIVE		
CITY-ST-ZIP	NICEVILLE FL 32578		
DOCUMENT #		STREET ADDRESS	
NAME	GLASER, WINFIED	CITY-ST-ZIP	
STREET ADDRESS	BONNER STR. 50 53424		
CITY-ST-ZIP	REMAGEN/ROLANDSECK GERMANY		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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** Date: **2-25-03** Daytime Phone #: **850-897-4333**

0007273 AT

CR2E003 (10/02)