

2002 UNIFORM BUSINESS REPORT (UBR)

0007748 AT

DOCUMENT # A98000001738

1. Entity Name

TEXAS MEADOWS, LTD.

FILED

2002 APR 29 AM 8:31

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

310 WAYMONT COURT, STE. 104
LAKE MARY FL 32746

Mailing Address

310 WAYMONT COURT, STE. 104
LAKE MARY FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3523293

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

~~B&C CORPORATE SERVICES OF CENTRAL FLA., INC
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801~~

7. Name and Address of New Registered Agent

Palmer Group, Inc
310 Waymont Ct
St 104
Lake Mary FL 32746

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 *Charles Palmer*
Signature, typed or printed name of registered agent and title if applicable.

DATE

4-10-02

9. Capital Contributions
as Shown on record.

\$50.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # P98000063917
NAME TEXAS MEADOWS II, INC.
STREET ADDRESS 310 WAYMONT COURT, STE. 104
CITY-ST-ZIP LAKE MARY FL 32746

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200005501422--7
-05/10/02-01001-015
***158.75 ***158.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

Charles Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-10-02

CR2E003 (9/01)