

2002 UNIFORM BUSINESS REPORT (UBR)

0015118 AT

DOCUMENT # **A98000002234**

1. Entity Name

FAIRWAY PRESERVE APARTMENTS AT OLDE CYPRESS, LTD

Principal Place of Business

**7995 PRESERVE CIRCLE
NAPLES FL 34119**

Mailing Address

**7995 PRESERVE CIRCLE
NAPLES FL 34119**

FILED

02 MAY -3 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

7995-B PRESERVE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3537104

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

CONROY, J. THOMAS III

3838 NORTH TAMiami TRAIL NORTH, STE 402

NAPLES FL 34103

Name

CONROY, J. THOMAS III

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

2640 GOLDEN GATE PKWY, SUITE 115

City

NAPLES

FL

Zip Code

34105

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

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

DATE

9. Capital Contributions
as Shown on record.

\$220,000.00

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 # **P98000082932**
NAME **FAIRWAY PRESERVE APARTMENTS AT OLD CYPRESS**
STREET ADDRESS **7995-B PRESERVE CIRCLE**
CITY-ST-ZIP **NAPLES FL 34119**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

Date

(239) 543-9641

Daytime Phone #

CR2E003 (9/01)