

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017995 AB

**DOCUMENT # A98000002280**

1. Entity Name  
**HACIENDA VILLAGE MANUFACTURED HOME COMMUNITIES, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
*WY/17*  
03 ~~12~~ 09 AM 8:36

Principal Place of Business  
**4340 EAST WEST HIGHWAY, SUITE 206  
BETHESDA MD 20814**

Mailing Address  
**4340 EAST WEST HIGHWAY, SUITE 206  
BETHESDA MD 20814**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

**DUE BY MAY 1, 2003**

4. FEI Number **52-2123813**

|  |                |
|--|----------------|
|  | Applied For    |
|  | Not Applicable |

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIVERSIFIED INVESTMENTS SERVICES, L.L.C.  
28488 U.S. HIGHWAY 19 NORTH, SPACE #12  
CLEARWATER FL 33761**

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

|  |   |  |
|--|---|--|
| 9. Capital Contributions as Shown on record. <b>\$4,122,418.69</b> | 10. Amount of Capital Contributions in FLORIDA to date. | <b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br/>SEE REVERSE SIDE FOR FEE INFORMATION</b> |
|--|---|--|

**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 #                      | L98000002095                           | STREET ADDRESS           |                               |
| NAME                            | DIVERSIFIED INVESTMENTS-HACIENDA, L.C. | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  | 4340 EAST WEST HIGHWAY, SUITE 206      |                          |                               |
| CITY-ST-ZIP                     | BETHESDA MD 20814                      |                          |                               |
| DOCUMENT #                      |  | STREET ADDRESS           |                               |
| NAME                            |  | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |  |                          | <b>200015544582</b>           |
| CITY-ST-ZIP                     |  |                          | 11/03/03--01013--028 **526.25 |
| DOCUMENT #                      |  | STREET ADDRESS           |                               |
| NAME                            |  | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |  |                          |                               |
| CITY-ST-ZIP                     |  |                          |                               |
| DOCUMENT #                      |  | STREET ADDRESS           |                               |
| NAME                            |  | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |  |                          |                               |
| CITY-ST-ZIP                     |  |                          |                               |
| DOCUMENT #                      |  | STREET ADDRESS           |                               |
| NAME                            |  | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |  |                          |                               |
| CITY-ST-ZIP                     |  |                          |                               |

CR2E003 (10/02)

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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER