## LIMITED PARTNERSHIP - UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000002547** FILED 1. Entity Name 2002 JUN 25 - AM 10: 04 Twin Oaks At Pass Christian Limited Partnership DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business c/o Case DO NOT WRITE IN THIS SPACE 3. Mailing Address c/o Case Pomeroy Properties Pomeroy Properties Suite, Apt. #, etcSte. 109, Suite, Apt. #, etc. Ste. 109 **DUE BY MAY 1** 1400 Marsh Landing Pky 400 Marsh Landing Pky Applied For City & State 4. FEI Number Not Applicable Beach, FL 8-2495233 FLJacksonville Jacksonville Beach, \$8.75 Additional Country Zip Country 5 Certificate of Status Desired Fee Required **REFE xxxxx**xx::32250 7. Name and Address of Current Registered Agent CT Corporation System DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road IN THIS SPACE FL B 3 3 2 4 City Plantation 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 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions in FLORIDA to date. 1,937,097.22 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 2,750,000 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. GENERAL PARTNER INFORMATION 12. CR2E003B (12/01) P01000082980 DOCUMENT # STREET ADDRESS Twin Oaks Development Corp. NAME 1400 Marsh Landing Pky, Ste. 109<sub>CHY-ST-JP</sub> Jacksonville Beach FL 32250 STREET ADDRESS 10005976811--8 -06/25/02--01064--006 \*\*\*\*\*326.25 \*\*\*\*\*926.25 CITY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME DO NOT WRITE STREET ADDRESS CGY-ST-ZIP CITY-ST-7IP IN THIS SPACE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CITY-ST-7IP FF \$ 926.75 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 Development Corporation, General Partner, by Richard H. Blaker, June , 2002(212)-984-1677 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER