

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** A98000002547

1. Entity Name

Twin Oaks At Pass Christian Limited  
Partnership

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business c/o Case

Pomeroy Properties

Suite, Apt. #, etc. Ste. 109

1400 Marsh Landing Pky

City & State

Jacksonville Beach, FL

Zip

32250

Country

3. Mailing Address c/o Case

Pomeroy Properties

Suite, Apt. #, etc. Ste. 109

1400 Marsh Landing Pky

City & State

Jacksonville Beach, FL

Zip

32250

Country

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number

58-2495233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

**FL**

Zip Code

33324

**DO NOT WRITE  
IN THIS SPACE**

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. 2,750,000

10. Amount of Capital Contributions

in FLORIDA to date. 2,103,373

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

DOCUMENT #

P01000082980

NAME

Twin Oaks Development Corp.

STREET ADDRESS

1400 Marsh Landing Pky, Ste. 109

CITY - ST - ZIP

Jacksonville Beach FL 32250

STREET ADDRESS

CITY - ST - ZIP

300018035163

05/06/03--01033--008 \*\*526.25

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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. 7000 0600 0025 2674 5185

Twin Oaks Development Corporation, General Partner, by

**SIGNATURE:**

*Richard H. Blaker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Richard H. Blaker,

Date

April 29

Daytime Phone #

2003(212)984-1677

**FILED**

03 MAY -6 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**OLJH**

STAPLE CHECK HERE

CRZE003B (12/01)