

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0006611 AT

DOCUMENT # **A98000002782**

1. Entity Name

SKAGFIELD LIMITED PARTNERSHIP

02 APR -8 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**270 CROSSWAY ROAD
TALLAHASSEE FL 32310**

Mailing Address
**P.O. BOX 753
TALLAHASSEE FL 32302**



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 **59-3553092** 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

**SKAGFIELD, HILMAR S
270 CROSSWAY ROAD
TALLAHASSEE FL 32310**

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.

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

9. Capital Contributions as Shown on record. **\$4,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. *same* 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	SKAGFIELD, HILMAR S	270 CROSSWAY ROAD	TALLAHASSEE FL 32310		
	SKAGFIELD, HILMAR O	270 CROSSWAY ROAD	TALLAHASSEE FL 32310		

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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]* Date **4/4/02** Daytime Phone **850-878-1144 ext. 101**

STAPLE CHECK HERE

CR2E003 (9/01)