


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007074 AT

DOCUMENT # A98000002809

1. Entity Name
COLLEGE SQUARE APARTMENTS, LTD.



FILED
03 APR -8 AM 7:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
4400 BAYOU BOULEVARD, SUITE 52-B
PENSACOLA FL 32503

Mailing Address
4400 BAYOU BOULEVARD, SUITE 52-B
PENSACOLA FL 32503



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4/8

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent
NAPIER, PHILIP A
4400 BAYOU BOULEVARD, SUITE 52-B
PENSACOLA FL 32503

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. \$95.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 NAPIER, PHILIP A | STREET ADDRESS | |
| | STREET ADDRESS 4400 BAYOU BOULEVARD, SUITE 52-B | CITY-ST-ZIP | |
| | CITY-ST-ZIP PENSACOLA FL 32503 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | STREET ADDRESS | CITY-ST-ZIP | |
| | CITY-ST-ZIP | | 500015465505 |
| | | | <small>01/08/03--01036--007 **150.00</small> |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | STREET ADDRESS | CITY-ST-ZIP | |
| | CITY-ST-ZIP | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
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| | CITY-ST-ZIP | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | STREET ADDRESS | CITY-ST-ZIP | |
| | 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: *Philip Napier* **REQUIR** Philip Napier 03/31/03 850-857-1881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)