

2003 LIMITED PARTNERS' UNIFORM BUSINESS REPORT

DOCUMENT # A99000000034

1. Entity Name
THE HOLY GROUND FAMILY LIMITED PARTNERSHIP



Principal Place of Business
HC4 BOX 963
OLD TOWN FL 32680

Mailing Address
P.O. BOX 607
OLD TOWN FL 32680

FILED

03 APR 21 PM 2:42

SECRETARY OF STATE
TALLAHASSEE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3620441

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

MACLEOD, KIM
HC4 BOX 963
OLD TOWN FL 32680

Name

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

City

No Change

FL

Zip Code

32680

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

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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 #	MACLEOD, DONALD D	STREET ADDRESS	
NAME	PO BOX 607	CITY-ST-ZIP	900013336339
STREET ADDRESS	OLD TOWN FL		03/03/03 01054 021 ***150.00
CITY-ST-ZIP			
DOCUMENT #	MACLEOD, KIM M	STREET ADDRESS	
NAME	PO BOX 607	CITY-ST-ZIP	
STREET ADDRESS	OLD TOWN FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-26-03

CR2E003 (10/02)

0007618 AT