

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011966 AT

DOCUMENT # A99000000153
 1. Entity Name
GLA INVESTMENT AND DEVELOPMENT, LTD.



FILED

03 APR 21 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**353 WINDOW ROCK DRIVE
 WELLINGTON FL 33414**

Mailing Address
**353 WINDOW ROCK DRIVE
 WELLINGTON FL 33414**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

DUE BY MAY 1, 2003

4. FEI Number **65-0861163**

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

**ZIMMERMAN, GEORGE W SR.
 353 WINDOW ROCK DRIVE
 WELLINGTON FL 33414**

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. **\$48,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$6,800.00**

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	
DOCUMENT #	P98000057886
NAME	GEORGIA LAND ACQUISITION, INC.
STREET ADDRESS	353 WINDOW ROCK DRIVE
CITY-ST-ZIP	WELLINGTON FL 33414
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600016397436
CITY-ST-ZIP	04/21/03--01063--015 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: George W. Zimmerman, Sr. DATE: 4/14/03 Daytime Phone #: 561-793-6062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)

SAMPLE CHECK HERE