

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014811 AI

DOCUMENT # A99000000275

1. Entity Name
VILLAGE AT PARK ROAD LIMITED PARTNERSHIP



FILED
03 MAR -6 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2120 VILLAGE PARK ROAD
PLANT CITY FL 33566**

Mailing Address
**C/O RESIDENCE MANAGEMENT, INC.
209 TOWN CENTER BLVD
DAVENPORT FL 33896**

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 **59-3556229**

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

**REILLY, ANDREW R
95 SOUTH 10TH ST
HAINES CITY FL 33845**

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. **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,200,200**

**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 #	F99000000908
NAME	BROWN VPR, INC.
STREET ADDRESS	225 E REDWOOD ST
CITY-ST-ZIP	BALTIMORE MD 21202
DOCUMENT #	GP9800001039
NAME	VILLAGE PARTNERS, A FLORIDA GENERAL PART
STREET ADDRESS	209 TOWN CENTER BLVD
CITY-ST-ZIP	DAVENPORT FL 33896
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300013345739
CITY-ST-ZIP	03/04/03--01006--004 **535.00
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: SIGNATURE REQUIRED **2/06/03** **863-424-5536**

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

CR2E003 (10/02)

STAPLE CHECK HERE