

# 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 #	<b>F99000000908</b>
NAME	<b>BROWN VPR, INC.</b>
STREET ADDRESS	<b>225 E REDWOOD ST</b>
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>
DOCUMENT #	<b>GP9800001039</b>
NAME	<b>VILLAGE PARTNERS, A FLORIDA GENERAL PART</b>
STREET ADDRESS	<b>209 TOWN CENTER BLVD</b>
CITY-ST-ZIP	<b>DAVENPORT FL 33896</b>
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	<b>300013345739</b>
CITY-ST-ZIP	<b>03/04/03--01006--004 **535.00</b>
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 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