2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021454 FP

DOCUMENT # A99000000515

1. Entity Name
BLACK RIVER RANCH LIMITED PARTNERSHIP

FILED
03 APR 30 AM 5:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business	Mailing Address
C/O MRS. LOIS C. DONOVAN	% T. MICHAEL CROOK CPA
6401 S.W. THISTLE TERRACE	33 FLAGLER AVENUE
PALM CITY FL 34990	STUART FL 34994

4/30

2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0906488 — Applied For / Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country	Zip / Country	

6. Name and Address of Current Registered Agent

CROOK, MICHAEL CPA
33 FLAGLER AVENUE
STUART FL 34994

7. Name and Address of New Registered Agent

Name

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

800017340628
04/30/03--01007--003 **526.25

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. $1,914,200.00	10. Amount of Capital Contributions in FLORIDA to date. 1,914,200	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000019646	STREET ADDRESS	
NAME	BLACK RIVER RANCH, INC.		
STREET ADDRESS	6401 S.W. THISTLE TERRACE	CITY-ST-ZIP	
CITY-ST-ZIP	PALM CITY FL 34990		
DOCUMENT #		STREET ADDRESS	
NAME			
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CR2E003 (10/02)

STAPLE CHECK HERE

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] V.P. 4/6/03 772 283 4377

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