

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001020**

1. Entity Name  
**ORANGE TREE PROPERTIES, LTD.**



**FILED**

03 JAN 21 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**2000 WELLS ROAD, SUITE B  
ORANGE PARK FL 32073**

Mailing Address  
**2000 WELLS ROAD, SUITE B  
ORANGE PARK FL 32073**

2. Principal Place of Business

**1845 TOWN CENTER BLVD**

Suite, Apt. #, etc.

**SUITE 100**

City & State  
**ORANGE PARK FL**

3. Mailing Address

**1845 TOWN CENTER BLVD**

Suite, Apt. #, etc.

**SUITE 100**

City & State  
**ORANGE PARK FL**

**DUE BY MAY 1, 2003**

4. FEI Number **59-2166078**

Applied For

Not Applicable

Zip

**32003**

Country

**U.S.A.**

Zip

**32003**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AGRESTI, GERALD R  
2000 WELLS ROAD, SUITE B  
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name  
**GERALD R. AGRESTI**  
Street Address (P.O. Box Number is Not Acceptable)  
**1845 TOWN CENTER BLVD  
SUITE 100  
ORANGE PARK FL 32003**

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 **G.R. AGRESTI**

**1/10/03**  
DATE

9. Capital Contributions  
as Shown on record. **\$0.00**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AGRESTI, GERALD R  
2000 WELLS ROAD SUITE B  
ORANGE PARK FL 32073**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JOHNSON, RAYMOND L  
2000 WELLS ROAD SUITE B  
ORANGE PARK FL 32073**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
**1845 TOWN CENTER BLVD, SUITE 100**  
CITY-ST-ZIP  
**ORANGE PARK, FL 32003**

STREET ADDRESS  
**1845 TOWN CENTER BLVD, SUITE 100**  
CITY-ST-ZIP  
**ORANGE PARK, FL 32003**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**200010401692  
01/21/03--01088--026 \*\*141.25**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**THOMAS**  
**1/23**

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: **G.R. AGRESTI** **1/10/03** **(904) 272-4040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0005721 AT

CR2E003 (10/02)