

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001960**

1. Entity Name

WOLF CREEK OF RALEIGH LTD.

Principal Place of Business

**5700 S.W. 34TH STREET, SUITE 1307
GAINESVILLE FL 32608**

Mailing Address

**5700 S.W. 34TH STREET SUITE 1307
GAINESVILLE FL 32608**

2. Principal Place of Business

20725 S.W. 46th Ave.

3. Mailing Address

20725 S.W. 46th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Newberry, FL

City & State

Newberry, FL

Zip

32669

Country

USA

Zip

32669

Country

USA

4. FEI Number

62-1852730

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, NORITA V

**20721 S.W. 46TH AVENUE
NEWBERRY FL 32669**

Name

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

4000004221644--6

-05/17/01--01021--004

*****300.00 ***150.00**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NO Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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 # **A95000000823**
NAME **DAVIS HERITAGE LTD.**
STREET ADDRESS **5700 S.W. 34TH STREET, SUITE 1307**
CITY-ST-ZIP **GAINESVILLE FL 32608**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(4/24/01)

Date

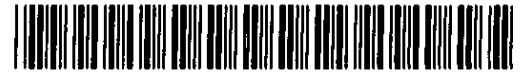
(352) 472-7773

Daytime Phone #

00000000 AF

CR2E003 (11/00)

FILED
01 APR 30 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE