

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

60908-02
526.25

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DOCUMENT # B01000000360

1. Entity Name
ELMCROFT OF JACKSONVILLE, LP



FILED

2003 MAY -8 AM 8:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
4801 OLYMPIC PARK PLAZA
#1400
LOUISVILLE KY 40241

Mailing Address
4801 OLYMPIC PARK PLAZA
#1400
LOUISVILLE KY 40241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2346522

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

7. Name and Address of New Registered Agent

SCHOEPP, ANDY L
830 GULF SHORE DRIVE, #5095
DESTIN FL 32541

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 No Change
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$320,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F01000005455
NAME ELMCROFT GP, INC.
STREET ADDRESS 4801 OLYMPIC PARK PLAZA
CITY-ST-ZIP LOUISVILLE KY 40241

STREET ADDRESS

CITY-ST-ZIP

000018573410
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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:

Bryan Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-7-03

Date

(502) 425 0544

Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE