

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020397 MB

DOCUMENT # B02000000333

1. Entity Name
FAIRFIELD DADELAND LIMITED PARTNERSHIP



FILED

03 APR 30 PM 12:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business 2045 N HIGHWAY 360, STE. 250 GRAND PRAIRIE TX 75050	Mailing Address 2045 N HIGHWAY 360, STE. 250 GRAND PRAIRIE TX 75050
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **55-0802073** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS, INC.
3953 WW KELLEY RD
TALLAHASSEE FL 32311

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. **\$600,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAXI 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
M02000002702	FF DADELAND LLC	2045 N HIGHWAY 360, STE. 250	GRAND PRAIRIE TX 75050

500017587185

04730703--01078--009 **526.25

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-18-03

Date Daytime Phone #

CR2E003 (10/02)