

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B96000000370

1. Entity Name
TREEHOUSE VILLAGE PROPERTIES, LP



FILED

03 FEB 10 PM 4:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**1030 NORTH COLLEGE AVENUE
INDIANAPOLIS IN 46202**

Mailing Address
**1030 NORTH COLLEGE AVENUE
INDIANAPOLIS IN 46202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY-MAY 1, 2003

4. FEI Number **59-3363640**

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

**NICO, RICHARD C
117 SOUTHEAST 16TH AVENUE
GAINESVILLE FL 32601**

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

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

DATE

9. Capital Contributions

\$1,000.00

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 # **G96267900063**
NAME **TREEHOUSE VILLAGE ASSOCIATES**
STREET ADDRESS **1030 NORTH COLLEGE AVENUE**
CITY-ST-ZIP **INDIANAPOLIS IN 46202**

STREET ADDRESS

CITY-ST-ZIP

700012234637
02/10/03--01117--020 **141.25

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

1-13-03 (317) 684-7494

Date

Daytime Phone #

CR2E003 (10/02)