

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED

02 APR 25 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B97000000185

1. Entity Name

HAWKSRIDGE MULTIFAMILY LIMITED PARTNERSHIP

Principal Place of Business

8205 LIMA ROAD
FORT WAYNE IN 46818

Mailing Address

8205 LIMA ROAD
FORT WAYNE IN 46818

2. Principal Place of Business

2561 TALON COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34105

Country

USA

Zip

Country

4. FEI Number

35-2003056

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

DAVIDSON, SUE
2455 GAME HAWK CIRCLE
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

DAVIDSON, SUE

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

1661 TRADE CENTER WAY SUITE #2

City

NAPLES

FL

Zip Code

34109

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

Sue Davidson

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

4/2/02

DATE

9. Capital Contributions as Shown on record.

\$800,000.00

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 # F95000005583
NAME AMATUMN DEVELOPMENT, INC
STREET ADDRESS 8205 LIMA ROAD
CITY-ST-ZIP FORT WAYNE IN 46818

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 000005419780--1
CITY-ST-ZIP -05/01/02--01087--021
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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:

Hawksridge Multifamily Limited Partnership by Amatum Development Inc
General Partner by Marissa L. B...
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)