

2002 UNIFORM BUSINESS REPORT (UBR)

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LF.

DOCUMENT # **B97000000185**

1. Entity Name

HAWKSRIDGE MULTIFAMILY LIMITED PARTNERSHIP

FILED

02 APR 25 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

DUE BY MAY 1, 2002

City & State

NAPLES FL

City & State

City & State

4. FEI Number

35-2003056

Applied For

Not Applicable

Zip

34105

Country

USA

Zip

Zip

Country

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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*

DATE **4/2/02**

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	STREET ADDRESS	
NAME	AMATUMN DEVELOPMENT, INC	CITY-ST-ZIP	
STREET ADDRESS	8205 LIMA ROAD	STREET ADDRESS	000005419780--1
CITY-ST-ZIP	FORT WAYNE IN 46818	CITY-ST-ZIP	-05/01/02--01087--021
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 60, Florida Statutes

SIGNATURE: *Sue Davidson* **Hawksridge Multifamily Limited Partnership by Amatumn Development Inc**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Sue Davidson President**

CR2E003 (9/01)