

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000185

1. Entity Name
HAWKSRIDGE MULTIFAMILY LIMITED PARTNERSHIP



FILED

03 MAR 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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
2455 GAME HAWK CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
NAPLES, FL
Zip
34105

Country
COLLIER

City & State
Zip
Country

4. FEI Number 35-2003056

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

DAVIDSON, SUE
2455 GAME HAWK CIRCLE
NAPLES FL 34105

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. Hawkridge Multifamily L.P. by Amatum Development Inc. its General Partner by

SIGNATURE Walter L. Bore President DATE 3-4-03

9. Capital Contributions as Shown on record: \$800,000.00

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

STREET ADDRESS	
CITY-ST-ZIP	000013733720
STREET ADDRESS	03/10/03--01075--010 **526.25
CITY-ST-ZIP	
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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: Walter L. Bore President DATE 3-4-03 260-489-3543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

0019955 MB

CR2E003 (10/02)