

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000045

1. Entity Name

FAIRFIELD DOUBLE BRANCH LIMITED PARTNERSHIP

Principal Place of Business

30 OLD RUDNICK LANE  
DOVER DE 19901

Mailing Address

P.O. BOX 5407  
ARLINGTON TX 76005

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
2045 N. Hwy 360

3. Mailing Address

Suite, Apt. #, etc.

Suite 250

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

Grand Prairie, TX

City & State

4. FEI Number

75-2799881

Applied For

Not Applicable

Zip

75050

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

CorpAmerica, Inc.

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

416 S.E. 15 Street

City

Fort Lauderdale

FL

Zip Code

33316

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 Kimberly L. Sharpe Kimberly L. Sharpe, Assistant Secretary 08-09-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$4,600,000.00

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 # M99000000133  
NAME FF DOUBLE BRANCH LLC  
STREET ADDRESS 2045 N. HIGHWAY 360, SUITE 250  
CITY-ST-ZIP GRAND PRAIRIE TX 75050

STREET ADDRESS

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:

Kimberly L. Sharpe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)