

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000363**

1. Entity Name

FAIRFIELD LAKES, L.P.

FILED

01 MAY -4 PM 12:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**730 NORTH DEAN ROAD SUITE 200
AUBURN AL 36830**

Mailing Address

**730 NORTH DEAN ROAD SUITE 200
AUBURN AL 36830**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-1232824

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HIOTT, HUGH
205 EAST INTENDENCIA
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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.

\$99.00

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

DOCUMENT # **F99000005203**
NAME **FAIRFIELD LAKES PARTNERS INC**
STREET ADDRESS **730 NORTH DEAN ROAD SUITE 200**
CITY-ST-ZIP **AUBURN AL 36830**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

[Signature]
Miles Hill

4/23/01 334-502-4100