

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B99000000363



1. Entity Name
FAIRFIELD LAKES, L.P.

FILED

2003 APR 17 PM 4:28

DIVISION OF CORPORATIONS
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

DUE BY MAY 1, 2003

4. FEI Number 63-1232824

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HIOTT, HUGH
205 EAST INTENDENCIA
PENSACOLA FL 32501

Name: Dwight Davis
Street Address (P.O. Box Number is Not Applicable): 7541 Highway 98 West
Hunterspoint, Apt. 305
City: Pensacola FL Zip Code: 32506

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.

SIGNATURE *Dwight E. Davis*
Signature, typed or printed name of registered agent and title if applicable.

Dwight Davis 4/11/03
DATE

9. Capital Contributions as Shown on record. \$99.00

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/03 334-5024100
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE