

2001 UNIFORM BUSINESS REPORT (UBR)

0001154 AF

DOCUMENT # A00000000910
 1. Entity Name
LIBERTY COLONIAL TOWN, LTD.

FILED

Principal Place of Business
**310 WEST CENTRAL PARKWAY
 SUITE 7000
 ALTAMONTE SPRINGS FL 32714**

Mailing Address
**310 WEST CENTRAL PARKWAY
 SUITE 7000
 ALTAMONTE SPRINGS FL 32714**

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-3649617**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MIKKELSON, WM. MICHAEL
 310 WEST CENTRAL PARKWAY
 SUITE 7000
 ALTAMONTE SPRINGS FL 32714**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$30,200.00**

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 #	P00000054137
NAME	LIBERTY COLONIAL TOWN, INC.
STREET ADDRESS	310 WEST CENTRAL PARKWAY SUITE 7000
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900003818199--7
CITY-ST-ZIP	-03/08/01--01022--001
STREET ADDRESS	***300.15 ***300.15
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1/9/01** Daytime Phone # **407-774-8818**

CR2E003 (11/00)

300.15