

2002 UNIFORM BUSINESS REPORT (UBR)

0007605 AT

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

FILED
 02 APR 29 PM 5:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY MAY 1, 2002

4. FEI Number **59-3649617** 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

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.

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 #	P0000054137
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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	211.40
STREET ADDRESS	88.75
CITY-ST-ZIP	300.15
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300005493523-1
CITY-ST-ZIP	-05/09/02--01021--003
	****300.15 ****300.15
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: WM Michael Mickelson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1.15.02 **407.774.8818**
 Date Daytime Phone #

CR2E003 (9/01)