

2002 UNIFORM BUSINESS REPORT (UBR)

0006565
AT

DOCUMENT # A19049
 1. Entity Name
FIRST COAST PROPERTIES LIMITED

FILED
 02 APR 25 PM 3:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

F

Principal Place of Business
**1826 WATERBURY LANE
 ORANGE PARK FL 32073**

Mailing Address
**POST OFFICE BOX 953
 ORANGE PARK FL 32067-0953**



2. Principal Place of Business
 3. Mailing Address

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

DUE BY MAY 1, 2002

City & State
 City & State

4. FEI Number **59-2488372**
 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
**EDDY, PAUL F.
 1826 WATERBURY LANE
 ORANGE PARK FL 32073**

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. **\$2,341,795.58**

10. Amount of Capital Contributions in FLORIDA to date. **2,341,795.58**

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 #	EDDY, PAUL F.
NAME	1826 WATERBURY LANE
STREET ADDRESS	ORANGE PARK FL
CITY-ST-ZIP	
DOCUMENT #	EDDY, VIRGINIA
NAME	1826 WATERBURY LANE
STREET ADDRESS	ORANGE PARK FL
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	500005481135-6 -05/07/02--01053--008 ****526.25 ****526.25
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: *Virginia Eddy* **Virginia Eddy** 4/25/02 904-204-6568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)