

# 003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FORM 2003

DOCUMENT # **A19073**

1. Entity Name  
**GREEN COVE SPRINGS, A LIMITED PARTNERSHIP**



**FILED**  
03 FEB -3 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business  
**3499 U.S. HIGHWAY 17 N.  
GREEN COVE SPRINGS FL 32043**

Mailing Address  
**3499 U.S. HIGHWAY 17 N.  
GREEN COVE SPRINGS FL 32043**



2. Principal Place of Business

3. Mailing Address

*73*

**DUE BY MAY 1, 2003**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1523692**

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

**UNDERWOOD, HELEN M  
3499 HIGHWAY 17 NORTH  
GREEN COVE SPRINGS FL 32043**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$280,488.80**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P01237 AVRS INC. 146 CENTRAL PARK NEW YORK NY</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>G95335900015 ST. JOHNS PARTNERS 200 ASHFORD CENTER N. #340 ALTANTA GA 30338</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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STREET ADDRESS	<b>200011631362 02/03/03--01115--018 **535.00</b>
CITY - ST - ZIP	
STREET ADDRESS	<b>3455 PEACHTREE RD #770</b>
CITY - ST - ZIP	<b>ATLANTA GA 30326</b>
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: *Richard Aronson* **SIGNATURE REQUIRE** **RICHARD ARONSON 1-23-03** **404-591-2491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2003 (10/02)