## 003 LIMITED PARTNERSHIP (UBR)

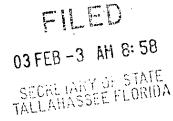
## A19073 **DOCUMENT #**

1. Entity Name

GREEN COVE SPRINGS, A LIMITED PARTNERSHIP



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



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MJH

2. Principal Place of Business			3. Mailing Address			142							
Suite, Apt.	#, etc.	S	Suite, Apt. #, etc.			DUE BY MAY 1, 2003							
City & State	е	City & State				4. FEI Number 59-1523692					-	Applied For Not Applicat	
Zíp	Country	Country	Country			5. Certificate of Status Desired \$8.75 Fee Re					Additional equired		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						gent	•	
					е								
UNDERWOOD, HELEN M 3499 HIGHWAY 17 NORTH					Street Address (P.O. Box Number is Not Acceptable)								
											-,-		
GREEN C	OVE SPRINGS FL 32043			1									
				City							FL	Zip	Code
			<del></del>	•   1								1	
the obligat	named entity submits this statement ions of registered agent.	t for the p	urpose of changing its	s registered offic	or registe	ered agen	i, or boin	, in the	State or	riorida.		·	with and doco
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if	applicable.								DATE		·
	9. Capital Contributions as Shown on record.  \$280,488.80  10. Amount of Capital in FLORIDA to dat					ributions			11. MAKE CHECK PAYABLE TO FL. DEPT. OF STA SEE REVERSE SIDE FOR FEE INFORMATION				
	A GENERAL PARTNEI NOTE: General Partners I	R THAT	S A BUSINESS EN	NTITY MUST E	E REGIS	STERED nt must	AND AC	CTIVE to ch	WITH T	HIS OF	FICE.	ner.	
12.	GENERAL PARTI			13.				ADD	DRESS C	HANGE	SONL	Y	
DOCUMENT #	P01237			STREET ADDR	:00	e=1.4	20! ?/03/I	QO.	116	331	<u>,</u> 36	32	
NAME	AVRS INC.			SINCE ROOM	•	Ua 	./U5/I	Jゴ-~	J1115	UI	ყ *	*53	<u>5.00</u>
STREET ADDRESS CITY-ST-ZIP	146 CENTRAL PARK NEW YORK NY			CITY-ST-ZIP		-						_	•
DOCUMENT #	G95335900015 ST. JOHNS PARTNERS			STREET ADDR	ss 34	155	PEAC	CHTI	REE	RD	#1	77	0
STREET ADDRESS CITY-ST-ZIP	200 ASHFORD CENTER N. #3 ALTANTA GA 30338	CITY-ST-ZIP	A	3455 PEACHTREE RD #770 ATLANTA GA 30326									
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE RECIDIRERICHARD AARONSON /-23-03