

2002 UNIFORM BUSINESS REPORT (UBR)

0007381 AT

DOCUMENT # A31286
 1. Entity Name
GAINESVILLE MALL LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 AUG -7 PM 1:17

Wg/s

Principal Place of Business
**2564 N.W. 13TH STREET
 GAINESVILLE FL 32609**

Mailing Address
**2564 N.W. 13TH STREET
 GAINESVILLE FL 32609**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number **59-3054395**
 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

HOLDEN, CHARLES I., JR.
2772-S NORTHWEST-43RD STREET
SUITE S
GAINESVILLE FL 32606

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Charles I. Holden, Jr.*
 Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. **\$1,490,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **S37044**
 NAME **EREM, INC.**
 STREET ADDRESS **2772-S N.W. 43RD ST.**
 CITY-ST-ZIP **GAINESVILLE FL**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CF2E003 (9/01)