

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003416 AF

DOCUMENT # **A93000000867**

1. Entity Name

**MINTO TOWNGATE LIMITED PARTNERSHIP**

**FILED**  
**01 APR 30 PM 6:06**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**4400 WEST SAMPLE ROAD, SUITE 200**      **4400 WEST SAMPLE ROAD, SUITE 200**  
**COCONUT CREEK FL 33073**      **COCONUT CREEK FL 33073**

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

4. FEI Number **65-0426572**      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

**JOBLOVE, MICHAEL D**  
**8211 WEST BROWARD BLVD. SUITE 310**  
**FORT LAUDERDALE FL 33324**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$10,250,310.00**      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 # **V55983**  
 NAME **MINTO COMMUNITIES (PEMBROKE), INC.**  
 STREET ADDRESS **4400 WEST SAMPLE ROAD, SUITE 200**  
 CITY-ST-ZIP **COCONUT CREEK FL 33073-3450**

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 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

**MINTO COMMUNITIES, INC - GENERAL PARTNER**

SIGNATURE: *Frank Rodgers*

BY: **FRANK RODGERS, VICE PRESIDENT**

**4/25/01**      **954 973-4490**  
 Date      Daytime Phone #

CR2E003 (11/00)