

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

000671 AT

DOCUMENT # **A93000000867**

1. Entity Name

**MINTO TOWNGATE LIMITED PARTNERSHIP**

02 APR 25 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4400 WEST SAMPLE ROAD, SUITE 200  
COCONUT CREEK FL 33073

Mailing Address

4400 WEST SAMPLE ROAD, SUITE 200  
COCONUT CREEK FL 33073



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**65-0426572**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

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

DOCUMENT # **V55983**  
NAME **MINTO COMMUNITIES (PEMBROKE), INC.**  
STREET ADDRESS **4400 WEST SAMPLE ROAD, SUITE 200**  
CITY-ST-ZIP **COCONUT CREEK FL 33073-3450**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**900005451359--4**

STREET ADDRESS

CITY-ST-ZIP

~~05/03/02-01104-013~~

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DOCUMENT #  
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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:

*Dean Rodger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/16/02 954-973-4490**  
Date Daytime Phone #

CR2E003 (9/01)