

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

009696 AT

DOCUMENT # A93000000867 1. Entity Name MINTO TOWNGATE LIMITED PARTNERSHIP	
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FILED

03 APR 29 AM 8:34

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-0426572	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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. I am familiar with, and accept the obligations of registered agent.

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

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 FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
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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: *FRANK RODGERS* **FRANK RODGERS - VP** 4/17/03 954-973-4490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)