2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** A98000001839 1. Entity Name SECRETARY OF STATE DIVISION OF CORPORATIONS TOWN CENTER PARTNERS, LTD. 00 MAY -4 PM 1: 33 Principal Place of Business Mailing Address 200 WILLARD STREET 200 WILLARD STREET COCOA FL 32922 COCOA FL 32922-8001 2. Principal Place of Business 3. Mailing Address 712 PALMBTTS P.O. BOY Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3526337 Not Applicable Melbourje MELBOURNE Country Zip \$8.75 Additional 5. Certificate of Status Desired 32902-030 7. Name and Address of New Registered Agent ~ 6. Name and Address of Current Registered Agent. Street Address (P.O. Box Number is Not Acceptable) SELIG, MICHAEL 200 WILLARD STREET **COCOA FL 32922** City MELBOURNE 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, typed or and title if applicable (NOTE: Registered Agent signature required when reinstating) MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT# P98000051208 STREET ADDRESS PALMETTO NAME PALM BAY WEST DEVELOPMENT CORPORATION 200 WILLARD STREET STREET ADDRESS MELBOURNE, CITY-ST-ZIF COCOA FL 32922 DOCUMENT# NAME STREET ADDRESS DEP BRATION BAYSIDE LAKES DEVELOPMENT C CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND YPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

4/28/2000

321-952-2414

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Daytime Phone