2002 UNIFORM BUSINESS REPORT (UBR)

000059659 AT

DOCUMENT # A98000001839

1. Entity Name

TOWN CENTER PARTNERS, LTD.

FILED
02 MAY 10 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
712 PALMETTO AVENUE MELBOURNE FL 32901	P.O. BOX 309 MELBOURNE FL 32902-0309

2. Principal Place of Business	3. Mailing Address
3391 BAYSIDE LAKES BLVD Suite, Apt. #, etc.	SAME AS Suite, Apt. #, etc.
PALM BAY, FL City & State	City & State
32909 Zip / Country	Zip / Country

DUE BY MAY 1, 2002

4. FEI Number 59-3526337 ☐ Applied For ☐ Not Applicable

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
JEFFERIES, BENJAMIN E ~~712 PALMETTO AVENUE~~ ~~MELBOURNE FL 32901~~	Name Street Address (P.O. Box Number is Not Acceptable) 3391 BAYSIDE LAKES BLVD. City PALM BAY FL Zip Code 32909

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$3,050,000.00		

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 #	P98000051208	STREET ADDRESS	3391 BAYSIDE LAKES BLVD.
NAME	BAYSIDE LAKES DEVELOPMENT CORPORATION	CITY-ST-ZIP	PALM BAY, FL 32909
STREET ADDRESS	~~712 PALMETTO AVENUE~~		
CITY-ST-ZIP	~~MELBOURNE FL 32901~~		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #