

2002 UNIFORM BUSINESS REPORT (UBR)

0000717 AV

DOCUMENT # A98000002641
1. Entity Name
 VILLAGE AT TOWN CENTER LIMITED PARTNERSHIP

FILED
 02 MAY -1 AM 11:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 C/O INVESTORS REALTY. LTD., INC.
 5728 MAJOR BLVD., SUITE 309
 ORLANDO FL 32819

Mailing Address
 C/O INVESTORS REALTY. LTD., INC.
 5728 MAJOR BLVD., SUITE 309
 ORLANDO FL 32819



2. Principal Place of Business
 200 VILLAGE BLVD

3. Mailing Address
 C/O RESIDENCE MANAGEMENT, INC.

Suite, Apt. #, etc.
 209 TOWN CENTER BLVD

DUE BY MAY 1, 2002

4. FEI Number 59-3519220

Applied For
 Not Applicable

City & State
 DAVENPORT, FL

City & State
 DAVENPORT FL

Zip 33896 **Country** USA

Zip 33896 **Country** USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,350,100.00

10. Amount of Capital Contributions in FLORIDA to date. 1,350,100

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 #	F98000006485
NAME	BROWN VTC, INC.
STREET ADDRESS	225 EAST REDWOOD STREET
CITY-ST-ZIP	BALTIMORE MD 21202
DOCUMENT #	GP9800001039
NAME	VILLAGE PARTNERS, A FLORIDA GENERAL PARTN.
STREET ADDRESS	5728 MAJOR BLVD., SUITE 309
CITY-ST-ZIP	ORLANDO FL 32819
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	800005556418--3
	-05/17/02--01023--019
	****535.00 ****535.00
STREET ADDRESS	209 TOWN CENTER BLVD
CITY-ST-ZIP	DAVENPORT, FL 33896
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

4/30/02 (863) 424-5536
 Date Daytime Phone #

CR2E003 (9/01)