2001 UNIFORM BUSINESS REPORT (UBR)

001466 AF

DOCUMENT # A00000000070

1. Entity Name

TOWN SQUARE AT SAINT JOHNS PHASE II LIMITED

FILED
01 APR -9 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~220 PONTE VEDRA PARK DRIVE~~ ~~SUITE 160~~ ~~VEDRA BEACH FL 32082~~	~~220 PONTE VEDRA PARK DRIVE~~ ~~SUITE 160~~ ~~VEDRA BEACH FL 32082~~

2. Principal Place of Business	3. Mailing Address
10151 Deerwood Pk. Blvd.	10151 Deerwood Pk. Blvd
Suite, Apt. #, etc. Bldg. 100, Ste 410	Suite, Apt. #, etc. Bldg. 100, Ste 410
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip: 32256 Country: US	Zip: 32256 Country: US

4. FEI Number — 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
~~MABM CORPORATE SERVICES, INC.~~ ~~ATTN: DANIEL B. NUNN, JR.~~ ~~ONE INDEPENDENT DRIVE, SUITE 3000~~ ~~JACKSONVILLE FL 32202~~	Name: Steven C. Koegler Street Address (P.O. Box Number is Not Acceptable): 10151 Deerwood Park Blvd. Bldg. 100, Suite 410 City: Jacksonville FL Zip Code: 32256

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: _____ Steven C. Koegler 4/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
$0.00		

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 #	L00000000146	STREET ADDRESS	10151 Deerwood Pk. Blvd. Bldg. 100 Ste #410
NAME	AVENTURA/TOWN SQUARE PHASE II, LLC	CITY-ST-ZIP	Jacksonville, FL 32256
STREET ADDRESS	~~220 PONTE VEDRA PARK DRIVE~~		
CITY-ST-ZIP	~~VEDRA BEACH FL 32082~~		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: _____ Steven C. Koegler 4/3/01 904-996-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #