

2001 UNIFORM BUSINESS REPORT (UBR)

0000572 AF

DOCUMENT # A98000002410
 1. Entity Name
AVENUE ROYALE, LTD.

FILED

01 MAY -1 PM 12: 31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: **6900 SOUTHPOINT DR. NORTH SUITE 250 JACKSONVILLE FL 32216**
 Mailing Address: **6900 SOUTHPOINT DR. NORTH SUITE 250 JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: **59-3539026**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SANKERS, GUS
6900 SOUTHPOINT DR. NORTH SUITE 250 JACKSONVILLE FL 32216

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record: **\$1,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____
 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 # | L99000002809 |
| NAME | CORO AVENUE ROYALE, LLC |
| STREET ADDRESS | 6900 SOUTHPOINT DRIVE, NORTH, STE. 250 |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 100004221921--1 |
| CITY-ST-ZIP | -05/17/01--01035--009 |
| STREET ADDRESS | ****141.25 ****141.25 |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
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| 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)(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: **Gus Sankers, Manager, Coro Avenue Royale LLC**
 4/26/01 904-296-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)