

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020734 SP

DOCUMENT # **A97000002541**

1. Entity Name

**TOWN SQUARE AT SAINT JOHNS LIMITED**

FILED

02 APR 19 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>10151 DEERWOOD PK. BLVD. BLDG. 100. STE. 410 JACKSONVILLE FL 32256</b>	Mailing Address <b>10151 DEERWOOD PK. BLVD. BLDG. 100. STE. 410 JACKSONVILLE FL 32256</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>59-3480250</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KOEGLER, STEVEN C**  
**10151 DEERWOOD PK. BLVD.**  
**BLDG. 100, STE. 410**  
**JACKSONVILLE FL 32256**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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. <b>\$5,300,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$526.25</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P97000099293</b> <b>AVENTURA/TOWN SQUARE, INC.</b> <b>10151 DEERWOOD PK. BLVD. BLDG. 100 STE. 410</b> <b>JACKSONVILLE FL 32256</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	<b>AL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	<b>688805481826-8</b> <b>-05/07/02--01080--013</b> <b>*****526.25 *****526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME 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)(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** **4/8/02** **904-996-8800**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)