2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000070

1. Entity Name
TOWN SQUARE AT SAINT JOHNS PHASE II LIMITED

FILED
03 MAR -3 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10151 DEERWOOD PARK BLVD. BLDG. 100. STE. 410 JACKSONVILLE FL 32256	10151 DEERWOOD PARK BLVD. BLDG. 100. STE. 410 JACKSONVILLE FL 32256

2. Principal Place of Business	3. Mailing Address
9995 Gate Parkway	9995 Gate Parkway
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32246 Country: USA	Zip: 32246 Country: USA

DUE BY MAY 1, 2003

4. FEI Number 59-3666133 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Steven C. Koegler
Street Address (P.O. Box Number is Not Acceptable): 9995 Gate Parkway
Suite 400
City: Jackosnville FL Zip Code: 32246

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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	9995 Gate Parkway, Suite400
NAME	AVENTURA/TOWN SQUARE PHASE II, LLC	CITY-ST-ZIP	Jacksonville, FL 32246
STREET ADDRESS	10151 DEERWOOD PARK BLVD.		
CITY-ST-ZIP	JACKSONVILLE FL 32256		
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DOCUMENT #		STREET ADDRESS	M THOMAS
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/03 (904) 996-8800
Date Daytime Phone #