

2002 UNIFORM BUSINESS REPORT (UBR)

000202936 AV

FILED

02 APR 22 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A00000000240

1. Entity Name
BAYSIDE AT TOWN CENTER, LTD.

Principal Place of Business C/O WHITE OAK REAL ESTATE DEV. CORP. 322 BANYAN BOULEVARD WEST PALM BEACH FL 33401	Mailing Address C/O WHITE OAK REAL ESTATE DEV. CORP. 322 BANYAN BOULEVARD WEST PALM BEACH FL 33401
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 65-1069127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, PAUL J
322 BANYAN BOULEVARD
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
B & C Corporate Services of Central Florida, Inc.
Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Ave., Suite 1100
City **Orlando** FL Zip Code **32801**

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 **By: [Signature] Vice President** DATE **4/16/02**

9. Capital Contributions as Shown on record. \$2,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	P00000013203
NAME	WHITE OAK BAYSIDE, INC.
STREET ADDRESS	322 BANYAN BOULEVARD
CITY-ST-ZIP	WEST PALM BEACH FL 33401
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	
CITY-ST-ZIP	
STREET ADDRESS	500005361655--8
CITY-ST-ZIP	-04/29/02--01011--011
	****164.00 ****164.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	BK
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)(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] Paula Ryan, Director** DATE **2/8/02** Daytime Phone # **561838886**

CR2E003 (9/01)