

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006094 AT

DOCUMENT # A00000000447

1. Entity Name

SUMMERWOODS OF NASSAU COUNTY, LTD.

FILED

02 FEB 14 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

3740 BEACH BOULEVARD, SUITE 300  
JACKSONVILLE FL 32207

3740 BEACH BOULEVARD, SUITE 300  
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3641995 APPLIED FOR

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

JCD SUMMERWOODS, LLC.  
3740 BEACH BOULEVARD, SUITE 300  
JACKSONVILLE FL 32207

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.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L00000002586  
NAME JCD SUMERWOODS, LLC.  
STREET ADDRESS 3740 BEACH BOULEVARD, SUITE 300  
CITY-ST-ZIP JACKSONVILLE FL 32207

STREET ADDRESS 800004991248--0  
CITY-ST-ZIP 02/22/02 01060 003  
\*\*\*150.00 \*\*\*150.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/11/02

Date

904/398-7350

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE