

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A0000000935**

1. Entity Name

MINORCA, LTD.

Principal Place of Business
2201 4TH STREET N
SUITE 200
ST PETERSBURG FL 33704

Mailing Address
2201 4TH STREET N
SUITE 200
ST PETERSBURG FL 33704

FILED

02 MAY - 8 AM 10: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3666475

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHEEZEM, J. MICHAEL
2201 4TH STREET N
SUITE 200
ST PETERSBURG FL 33704

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.

DATE

9. Capital Contributions
as Show on record.

S.A. f.1. ed

4,751,400.00

10. Amount of Capital Contributions
in FLORIDA to date.

4,751,400.00

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 #	P0000055780	STREET ADDRESS	
NAME	JMC COMMUNITIES OF VOLUSIA INC	CITY-ST-ZIP	
STREET ADDRESS	2201 4TH STREET N SUITE 200		
CITY-ST-ZIP	ST PETERSBURG FL 33704		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: *[Signature]* **GENERAL PARTNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/02

Daytime Phone #

CR2E003 (9/01)

0906100

AT