

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019853 AT

DOCUMENT # A00000000935



1. Entity Name
MINORCA, LTD.

FILED

2003 APR 14 AM 9:07

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



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
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

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

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. 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. **\$4,751,400.00**

10. Amount of Capital Contributions in FLORIDA to date. **4,776,913.00**

11. **MAKE CHECK PAYABLE TO FL. 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 #	P00000055780
NAME	JMC COMMUNITIES OF VOLUSIA INC
STREET ADDRESS	2201 4TH STREET N SUITE 200
CITY-ST-ZIP	ST PETERSBURG FL 33704

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #		STREET ADDRESS	900015860249
NAME		CITY-ST-ZIP	04/14/03 - 01048 - 025 **526.25
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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: **X** *[Signature]* **X** **4/3/03** **727 823 0022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)