

# 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<br><b>2201 4TH STREET N<br/>SUITE 200<br/>ST PETERSBURG FL 33704</b> | Mailing Address<br><b>2201 4TH STREET N<br/>SUITE 200<br/>ST PETERSBURG FL 33704</b> |
|--|--|

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$4,751,400.00**

10. Amount of Capital Contributions in FLORIDA to date. **4,776,913.<sup>00</sup>**

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 #     | <b>P00000055780</b>                   |
| NAME           | <b>JMC COMMUNITIES OF VOLUSIA INC</b> |
| STREET ADDRESS | <b>2201 4TH STREET N SUITE 200</b>    |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL 33704</b>         |

|                |
|----------------|
| STREET ADDRESS |
| CITY-ST-ZIP    |

|                |  |                |  |
|----------------|--|----------------|--|
| DOCUMENT #     |  | STREET ADDRESS | <b>900015860249</b>                        |
| NAME           |  | CITY-ST-ZIP    | <del>04/14/03 - 01048 - 025 **526.25</del> |
| STREET ADDRESS |  |                |  |
| CITY-ST-ZIP    |  |                |  |

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| DOCUMENT #     |  | STREET ADDRESS |  |
| NAME           |  | CITY-ST-ZIP    |  |
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| NAME           |  | 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: **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)