

2001 UNIFORM BUSINESS REPORT (UBR)

182

DOCUMENT # A00000000978
 1. Entity Name
 VOLUSIA MJM LTD

Principal Place of Business Mailing Address
 449 PALM AVE 449 PALM AVE
 ORMOND BEACH, FL 32174 ORMOND BEACH, FL
 32174

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

FILED
 01 SEP 12 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3724582 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~LORNE L MARANDINO~~
 449 PALM AVE
 ORMOND BEACH, FL 32174

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

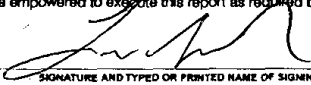
9. Capital Contributions as Shown on record. 4500 10. Amount of Capital Contributions in FLORIDA to date. 4500
 MAKE CHECK PAYABLE TO: DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P00000058637	STREET ADDRESS	
NAME	REAL VOLUSIA INC	CITY-ST-ZIP	
STREET ADDRESS	449 PALM AVE		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
DOCUMENT #		STREET ADDRESS	000004610330--S
NAME		CITY-ST-ZIP	-09/25/01--01055--017
STREET ADDRESS			****141.25 ****141.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (1/1/00)

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:  6/29/01 (386) 255-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #