


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002812 AV

DOCUMENT # A02000000102

1. Entity Name
ST. JOHN'S COMMONS, LTD.



FILED
03 APR 29 PM 12:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
300 S.E. 2ND STREET
FT. LAUDERDALE FL 33301

Mailing Address
300 S.E. 2ND STREET
FT. LAUDERDALE FL 33301



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4/29

DUE BY MAY 1, 2003

4. FEI Number
90-0002848

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JONES, PATRICIA
300 S.E. 2ND STREET
FT. LAUDERDALE FL 33301

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. 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. **\$900,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$800,000.00**

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	
DOCUMENT #	A02000000102
NAME	ST. JOHN'S COMMONS, INC.
STREET ADDRESS	300 S.E. 2ND STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
DOCUMENT #	P02000010426
NAME	HP/ST. JOHN'S COMMONS, INC.
STREET ADDRESS	8917 WESTERN WAY, SUITE 6
CITY-ST-ZIP	JACKSONVILLE FL 32256
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100017318831
CITY-ST-ZIP	04/29/03--01076--011 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: _____ **SIGNATURE REQUIRED** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/24/03** Daytime Phone #: **954-627-9300**

STAPLE CHECK HERE

CR2E003 (10/02)