

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000001902

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** MAJESTIC OAKS DEVELOPERS, LLLP

**Current Principal Place of Business:**

4343 ANCHOR PLAZA PARKWAY  
SUITE 200  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

3 EASTON OVAL  
SUITE 500  
COLUMBUS, OH 43219

**New Mailing Address:**

**FEI Number:** 20-3999421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L05000099714  
Name: AVATAR-MAJESTIC OAKS GP, LLC  
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134  
Document #: L05000122412  
Name: M/I-MAJESTIC OAKS GP, LLC  
Address: 4343 ANCHOR PLAZA PARKWAY, STE 200  
City-St-Zip: TAMPA, FL 33634

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:  
  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM A. ROBERTS

VPT

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date