2002 UNIFORM BUSINESS REPORT (UBR)								FILED				
DOCUMÉNT # A08098 1. Entity Name								02 MAY -1 AMII: 30				
SUMERSET PLACE INVESTORS LIMITED							SECRETARY OF STATE					
								TALLAHASSEE, FLORIDA				
Principal Place of Business 3100 UNIVERSITY BLVD. SOUTH SUITE 200 JACKSONVILLE FL 32216				Mailing Address 3100 UNIVERSITY BLVD. SOUTH SUITE 200 JACKSONVILLE FL 32216				F 1881 F11	d al gr ibe (b als gr ib e (b	181 1811 878(1 818	1 11 2 1 2 11	81811 A1841 81811 1881
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DUE BY MAY 1, 2002					
City & State				City & State			E2_10E0224			Applied For		
Zip Country			Z	ip	Cour	ntry		5. Certificate of Status Desired See Required Fee Required				5 Additional
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
BROWN, GERALDINE G						Name	Name					
3100 UNIVERSITY BLVD. SOUTH						Street A	Address (P.O. Box Number is Not Acceptable)					
SUITE 200 JACKSONVILLE FL 32216							•					
						City	City FL				Zip	Code
8. The above named entity submits this statement for the purpose of changing its regis						ed office o	r registere	ed agent, or both,	in the State of Flo	orida.	-	
SIGNATURE												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.										DATE		
9. Capital Contributions as Shown on record. \$560,000.00				 Amount of Capital Contributions in FLORIDA to date. 				11. 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								ADDRESS CHANGES ONLY				
DOCUMENT # NAME					STR	EET ADDRESS	3100	3100 University Blvd So Ste 200				
STREET ADDRESS 3100 UNIVERSITY BLVD. S CITY-ST-ZIP JACKSONVILLE FL						'-ST-ZIP	Jacksonville, Fl 32216					
DOCUMENT #	<i>i</i> J69900							100 University Blvd So Ste 200				
NAME STREET ADDRESS	11.12 02 11.10 01.1 00 11.1 11.1					CITY-ST-ZIP		-				
CITY-ST-ZIP	JACKSONVILLE		CIN		-51-ZIP	Jack	Jacksonville, Fl 32216					
DOCUMENT # NAME					STR	EET ADDRESS		·				
STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP						
DOCUMENT # NAME					STRE	EET ADDRESS		6000055058667 -95/13/0201045014				
STREET ADDRESS City-St-Zip-					CITY	-ST-ZIP			****5;	26. 25	しサ. 米米沖	*526.25
DOCUMENT 4					STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP						
DOCUMENT # NAME					STRE	ET ADDRESS					•	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4/26/02

(904) 359-0045

Daytime Phone #