2002 UNIFORM BUSINESS REPORT (UBR) MODERNAFI AND A08690 **DOCUMENT #** 1. Entity Name 02 APR 18 PM 2: 23 VILLAGE SHOPPES ASSOCIATES, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVENUE **SUITE 1400** SUITE 1400 MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-1984212 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent PITTS, W. DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE **SUITE 1400** MIAMI FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$1,000,000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE in FLORIDA to date. 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 249850 DOCUMENT # STREET ADDRESS **COURTELIS COMPANY** NAME 701 BRICKELL AVENUE, SUITE 1400 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131-2822 CITY-ST-ZIP 800005346368----04725702--01016--001 DOCUMENT # STREET ADDRESS NAME ****526.25 ****526,25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT #. STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET-10DRESS

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 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 erective execute this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is trug the receiver or trustee empo

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

02 305-379-8467