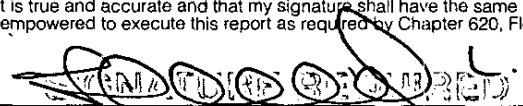


# 2001 UNIFORM BUSINESS REPORT (UBR)

001735 AF

<b>DOCUMENT # A10082</b> 1. Entity Name <b>ST. AUGUSTINE OAKS, LTD.</b>		<b>FILED</b>  01 JUN -7 PM 12:18  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>8510 ROYAL LAKES DRIVE          JACKSONVILLE FL 32256</b>		Mailing Address <b>8510 ROYAL LAKES DRIVE          JACKSONVILLE FL 32256</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>59-2241907</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>DANIELS, L A JR.          8510 ROYAL LAKES DR.          JACKSONVILLE FL 32256</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . DATE</small>			
9. Capital Contributions as Shown on record. <b>\$8,000.00</b>		10. Amount of CAPITAL Contributions in FLORIDA to date.	
<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE          SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>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.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>BARKER, JAMES M IV          1820 S.R. 13 #1          JACKSONVILLE FL</b>	STREET ADDRESS CITY-ST-ZIP	300004421393--9 -05/15/01--01003--027 ****144.75 ****144.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>DANIELS, L A          8510 ROYAL LAKES DR.          JACKSONVILLE FL</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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			
<b>SIGNATURE:</b> 		<b>L.A. Daniels Jr.</b> Date: <b>4/27/01</b> Daytime Phone #: <b>904 296-9621</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

CR2E003 (11/00)