

2001 UNIFORM BUSINESS REPORT (UBR)

0000452 AF

DOCUMENT # A14427
 1. Entity Name
EUREKA GARDEN ASSOCIATES NO. 1 LIMITED PARTNERSH

FILED
 01 FEB -5 AM 10:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4000 B ST. JOHNS AVE. **4000 B ST. JOHNS AVE.**
STE 22 **STE 22**
JACKSONVILLE FL 32205 **JACKSONVILLE FL 32205**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-2353559 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CRAVEY, JERRY R.
4000 B ST. JOHNS AVE.
STE 22
JACKSONVILLE FL 32205

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,475,162.00**

10. 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME **WALTON, WILLIAM H. JR.**
 STREET ADDRESS **3811 MCGIRTS BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME **WEED, JOSEPH D. JR.**
 STREET ADDRESS **4334 MCGIRTS BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

500003675335-3
-02/12/01--01154--013
******526.25 ****526.25**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 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: NONATURE REQUIRED 01/31/01 Daytime Phone #

CR2E003 (11/00)