

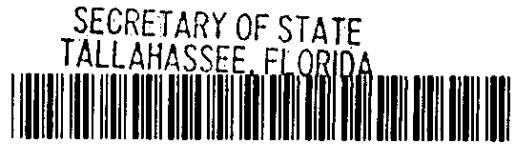
2002 UNIFORM BUSINESS REPORT (UBR)

0006043 AT

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

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FILED
 02 APR 23 AM 9:01



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**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-2353559** Applied For
 Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WALTON, WILLIAM H. JR. 3811 MCGIRTS BLVD. JACKSONVILLE FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WEED, JOSEPH D. JR. 4334 MCGIRTS BLVD. JACKSONVILLE FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400005361654--2
CITY-ST-ZIP	-04/29/02--01010--026 *****526.25 *****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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: *W. Walton* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/16/02 *904-389-2225*
Date Daytime Phone #

CR2E003 (9/01)