

2002 UNIFORM BUSINESS REPORT (UBR)

000697 AT

DOCUMENT # A17534
 1. Entity Name
PAVLION ASSOCIATES, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 MAR -4 AM 10:12
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 3/7

Principal Place of Business Mailing Address
800 PRUDENTIAL DRIVE **800 PRUDENTIAL DRIVE**
JACKSONVILLE FL 32207 **JACKSONVILLE FL 32207**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

DUE BY MAY 1, 2002

Zip Country Zip Country

4. FEI Number Applied For
59-2505491 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SMITH & HULSEY
225 WATER ST.
1800 FLORIDA NATIONAL BANK TOWER
JACKSONVILLE FL 32202

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. **\$2,625,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$2,625,000.00** 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	H14260 PAVLION DEVELOPERS, INC 800 PRUDENTIAL DRIVE JACKSONVILLE FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	H24108 PAL PROPERTIES, INC. 800 PRUDENTIAL DRIVE JACKSONVILLE FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	600005073016--1 -03/08/02--01048--024 ****526.25 ****526.25
STREET ADDRESS CITY-ST-ZIP	
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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)