

2000 UNIFORM BUSINESS REPORT (UBR)

0001430 AF

DOCUMENT # **A19010**

1. Entity Name
VILLAGE 56 ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

Principal Place of Business
2957 W. STATE RD. 434 SUITE 300
P.O. BOX 915182
LONGWOOD FL 32779

Mailing Address
2957 W. STATE RD. 434 SUITE 300
P.O. BOX 915182
LONGWOOD FL 32779-4453



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2559039**
Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**OSWALD, KENNETH F.
600 COURTLAND ST.
SUITE 110
ORLANDO FL 32804**

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: **\$20,000.00**
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 STREET ADDRESS CITY - ST - ZIP	EVANS, JERRY C. 206 SMOKERISE BLVD. LONGWOOD FL	STREET ADDRESS CITY - ST - ZIP	600003317156--6 -07/10/00--01013--012 *****88.75 *****88.75
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	600003317156--6 -07/10/00--01013--013 ****140.00 ****140.00
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	
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: *[Signature]* **SIGNATURE REQUIRED** 4/26/00 407-486-7533
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #