

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (FORM 15)**

A19010

FILED

DOCUMENT #

1. Entity Name **A19010
Village 56 Associates, Ltd.**

02 MAY 17 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PO Box 1685		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Subs. Apt. #, etc.		Subs. Apt. #, etc.		DUE BY MAY 1	
City & State New Smyrna Beach, FL		City & State		4. FEI Number 59-2559039	
Zip 32170-1685	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name	Kenneth F. Oswald	
Street Address (P.O. Box Number is Not Acceptable)	600 Courtland St., Ste 110	
City	Orlando,	FL 32804

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 _____

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
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**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
	Evans, Jerry C.	PO Box 1685
		New Smyrna Beach, FL 32170-1685
		AR-140
		AK SUPP 88.75
		228.75 BK
		DO NOT WRITE IN THIS SPACE
		300005601069--8
		-05/24/02--01009--027
		****228.75 ****228.75

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:  **4/15/02 386-423-8884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)