

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006034 AT

DOCUMENT # A19010

1. Entity Name
VILLAGE 56 ASSOCIATES, LTD.



FILED

2003 MAY -6 AM 10: 05

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business
P.O. BOX 1685
NEW SMYRNA BEACH FL 32170-1685

Mailing Address
P.O. BOX 1685
NEW SMYRNA BEACH FL 32170-1685

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-2559039**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSWALD, KENNETH F.
600 COURTLAND ST.
SUITE 110
ORLANDO FL 32804**

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. I am familiar with, and accept the obligations of registered agent.

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

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 FL. 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 **EVANS, JERRY C**
STREET ADDRESS **P.O. BOX 1685**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32170-1685**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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**200018295612
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03 **386-423-8884**
Date Daytime Phone #

CR2E003 (10/02)

DUPLICATE CHECK HERE