

2001 UNIFORM BUSINESS REPORT (UBR)

001206 AF

DOCUMENT # **A22414**

1. Entity Name

TOWN PLAZA ASSOCIATES, LTD.

1572-2

APPROVED
AND
FILED

01 MAY -2 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business P. O. BOX 49948 SARASOTA FL 34230-6948	Mailing Address P. O. BOX 49948 SARASOTA FL 34230-6948
--	--



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2663867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BAND, DAVID S 240 S. PINEAPPLE AVE. 10TH FLOOR SARASOTA FL 34236	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
100004288791--8 -05/23/01--01011--021 ****141.25 ****141.25 FL Zip Code	
City	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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$613,585.97	10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00	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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	J08569
NAME	TOWN PLAZA DEVELOPMENT CORPORATION
STREET ADDRESS	240 S PINEAPPLE AVE.10FL
CITY-ST-ZIP	SARASOTA 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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (11/00)

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.

David S. Band, as Director of Town Plaza Development Corp., a Florida corp
General Partner

SIGNATURE: _____ Date: **4/16/01** (941) 366-6660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #