

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012396 AF

DOCUMENT # **.A26368**

1. Entity Name

**VOLUSIA PARTNERS, LTD.**

FILED

01 APR 24 AM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>P.O. BOX 2491 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115</b>	Mailing Address <b>P.O. BOX 2491 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115</b>
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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 <b>59-2907892</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>COHEN, ZEV 55 SETON TRAIL ORMOND BEACH FL 32176</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$900,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$22,000</b>	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>542697</b>	NAME <b>DAYTONA MANAGEMENT CORP.</b>	STREET ADDRESS	
STREET ADDRESS <b>150 MAGNOLIA AVE</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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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:** *Jonathan D. Raney* **SIGNATURE REQUIRED** **4-17-01 904-760-6855**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)